

DOMESTIC HUNGER REPORT

Church: _____ Pastor: _____
 Address: _____ District: _____
 Reported By: _____ Date: _____

Instructions: Please Send Forms On White Paper, One-Sided, Not Stapled.

Please Make And Distribute Copies To Your: Church, District Office

DUE: DECEMBER 31

1. Direct Volunteer Involvement (Check all those that apply and list number of people involved.)

- | | |
|--|---|
| <input type="checkbox"/> Soup Kitchen _____ | <input type="checkbox"/> Ministry to Homebound _____ |
| <input type="checkbox"/> Meals On Wheels _____ | <input type="checkbox"/> Nursing Home Ministry _____ |
| <input type="checkbox"/> Jail Ministry _____ | <input type="checkbox"/> Habitat for Humanity _____ |
| <input type="checkbox"/> Tutoring _____ | <input type="checkbox"/> Driving People To Appointments _____ |
| <input type="checkbox"/> Hospice _____ | <input type="checkbox"/> Work Teams (Camps) _____ |
| <input type="checkbox"/> Blood Drive _____ | <input type="checkbox"/> Refugee Sponsorship _____ |
| <input type="checkbox"/> Homeless Shelters _____ | <input type="checkbox"/> Other (Identify) _____ |

2. Gifts of Material Goods (Check all those that apply.)

- Food Pantry
- Food Baskets for Families
- Nursing Home
- Kits for United Methodist Committee on Relief (UMCOR) or Church World Service (CWS)
- SECOM/NECOM Ministries
- Christmas Gifts for Needy Families
- United Methodist Community House
- Project Angel Tree or other Prison Christmas Project
- Other _____

3. Have Funds Been Contributed to Help the Needy in Your Area? (Check all those that apply.)

- CROP Walk
- Food Pantry: Agency _____
- Habitat for Humanity: Name of Affiliate: _____
- Homeless Shelter
- Prison Ministry
- Camp Scholarship for Needy Children
- Conference Ministry: Name _____
- Other: Name _____

Pastor's Signature

Mission Chair's Signature

Date