

Congregation Profile 2017

To enter online, go to:
<http://nc.sbcworkspace.com>

General Information *Please fill in all relevant information.*

Profile For: (Check One) Church Mission

User Name: _____

Password: _____

Name Of Church/Mission _____ Ethnicity _____

Telephone Number _____ Church Twitter Acct _____

Email Address _____ Website _____

Mailing Address (St., PO Box No.) _____

City _____ State _____ Zip _____

Street Add. (Physical Add. or "911" Add. - do not use PO box) _____

City _____ State _____ Zip _____

County _____ Association _____

Primary Mission's Sponsor Information If Mission Is Sponsored:

Sponsor Name _____

Mailing Address (St., PO Box No.) _____

City _____ State _____ Zip _____

Telephone Number _____ SBC ID Sponsor _____

ACP Statistical Profile *Please fill in all relevant information.*

Member Information

1. Total Members _____
2. Resident Membership _____
3. Total Baptisms _____
 - a. 11 years and under _____
 - b. 12 to 17 years _____
 - c. 18 to 29 years _____
 - d. 30 and up _____
4. Other Additions _____
5. Weekly Worship Attendance _____
6. Church-Type Mission Started _____
7. Sunday School/Bible Study/Small Group _____

8. VBS Enrollment _____
9. Total Mission Project Participation _____
 - a. Local Community _____
 - b. State _____
 - c. U.S. & Canada _____
 - d. Outside U.S. & Canada _____
10. Total WMU Enroll. _____
11. Total Embrace/Women's Min. Enroll _____
12. Total NC Baptist Men (NCBM) Min. Enroll. _____

Financial Information

13. Total Giving/Gifts _____
 - a. Undesignated Giving/Gifts _____
 - b. Designated Giving/Gifts _____
14. Total SBC Mission Giving Expenditures (Great Commission Giving) _____
 - a. Cooperative Program _____
 - b. Assoc Missions _____
 - c. State Missions _____
 - d. Annie Armstrong _____
 - e. Lottie Moon _____
 - f. Other SBC Miss. Exp. _____
15. Non SBC Mission Exp. _____

Member Information

- 1. Total Membership** Total of both resident and nonresident membership.
- 2. Resident Membership** All members who live close enough to your congregation to attend.
- 3. Total Baptisms Total** Total number of baptisms during the 2016-2017 reporting year. (Add Items 3a-3d).
- 4. Other Additions** Number who became members of your congregation during the 2016-2017 reporting year by ways other than baptism (letter of transfer, statement, etc.).
- 5. Weekly Worship Attendance** Average number in the weekly worship service(s). If not kept, use the attendance for the last Sunday of the 2016-2017 reporting year.
- 6. Church-Type Mission Started** Number of church-type missions/church plants that your congregation started during the year (2016-2017) and your congregation is the primary sponsor.

- 7. Sunday School/Bible Study/Small Group** Average number attending Sunday school each week during the 2016-2017 reporting year. This may be a Sunday school class, Bible study, small group or similar group. Include all ages from babies to adults but not counting anyone twice.
- 8. VBS Enrollment** Number enrolled in Vacation Bible School for your congregation.
- 9. Total Mission Project Participation** Total number of persons (male and female) in your congregation who participated in mission projects (such as World Changers, Disaster Relief, Baptist Builders, Acteens Activators, Volunteer Connection, construction, church planting, evangelism, Bible clubs, surveys, etc.). Persons may be counted for each mission project in which they participated (Add Items 9a-9d).
- 10. Total WMU Enrollment** Total number of Women Missionary Union members and leaders enrolled in the 2016-2017 reporting year. Include members and leaders of Mission Friends, Girls in Action, Children in Action, Acteens, Youth on Mission, Women on Mission, Adults on Mission, WMU officers, and persons engaged in ongoing

- missions involvement sponsored by WMU.
- 11. Total Embrace/Women's Ministry** Enrollment Total number of Embrace/Women's Ministry members and leaders enrolled in the 2016-2017 reporting year.
 - 12. Total NC Baptist Men (NCBM) Ministries Enrollment** Total number of all persons enrolled in all NCBM projects and activities. Include members and leaders of disaster relief, NCBM domestic and international partnerships, Royal Ambassadors, coed Mission Kids, Challengers, Deep Impact/Youth Missions, Mission Action Groups, and all other missions involvement sponsored by NCBM.

Financial Information

- 13. Total Giving/Gifts** Total amount of all money received by the congregation. This amount should be the total of undesignated gifts, designated gifts, and other receipts (may include income from rentals, day school or kindergarten fees, savings, pastoral aid, parking fees, etc.).
 - a. Undesignated Giving/Gifts:** Total _____

amount of all tithes and offerings not designated by individuals. This includes regular budget offerings and loose monies from the offering.

b. Designated Giving/Gifts: Total amount of all designated tithes and offerings given by individuals. Designated receipts are gifts which the individual decides how the money will be spent. Lottie Moon, Annie Armstrong, State Missions, building fund, and debt retirement are examples of designated giving.

14. Total SBC Mission Giving Expenditures (Great Commission Giving) Total amount of all money given during the 2016-2017 reporting year to all Southern Baptist mission causes by the congregation. This includes monies given to: Cooperative Program, Annie Armstrong, and

Lottie Moon PLUS monies given to associations, state conventions (such as a State Mission Offering), and any other Southern Baptist mission cause. (Add Items 14a-14f).

a. Cooperative Program Giving Total amount of all money given through the Cooperative Program during the 2016-2017 reporting year.

b. Assoc Missions Total amount of all money given to Associational Missions.

c. State Missions Total amount of all money given to the North Carolina Missions Offering (State Missions Offering).

d. Annie Armstrong Easter Offering Total amount of money given to the Annie Armstrong

Easter Offering for North American missions.

e. Lottie Moon Christmas Offering Total amount of money given to the Lottie Moon Christmas Offering for International Missions.

f. Other SBC Mission Expenditures Total amount of money given to any other SBC missions cause not reported in items a through e.

15. Non SBC Mission Expenditure Total amount of all money given to non-Southern Baptist Convention mission causes by your congregation. An example would be Samaritan's Purse.

Supplemental Survey

Historical Events of Interest During Associational Year New Bldg., Dedications, Ordinations for Ministry, New Ministries Started, etc.

Mission(s) Operated by the Church *Include pastor's name and address.*

Mission Name	Pastor's Name	Street, Rt, Box No.	City, State, Zip

Members Deceased During the Year

Give names of congregational members who died during the 2016–2017 associational year. Indicate Mr., Mrs., Deacon, etc. and identify ordained ministers with the title Rev.

Name	Date	Name	Date	Name	Date

The names and addresses collected on this form are used to compile the official denominational lists of church staff and other positions. Associations, state conventions, and SBC agencies use these names and addresses to communicate with persons about meetings, services, and products in which they may have an interest. Most persons find these communications to be helpful. Lists are not made available to individuals or groups outside of the denomination.

Biographical Information *Please fill in all relevant information.*

Congregational Leader

- Please list persons for the NEW associational year (2017-2018).
- List preferred title if different than given title.
- Please circle appropriate salutation for all persons (Dr, Rev, Mr, Mrs, Ms, or Miss).
- Please give zip codes and telephone numbers (including area codes) along with the person's address. Give the address where the person desires to receive mail. Also, where possible, give the email address for the individual.
- **For congregational staff positions:**
- Be sure to indicate whether the position is volunteer or paid (part-time or full-time). A volunteer director is a person who leads the program and receives no regular salary from the congregation. A full-time minister is a person who works full-time for the congregation and receives a regular salary from the congregation. A staff member is considered part-time if they receive a part-time salary from the congregation.
- Be sure to indicate whether ministers are licensed, ordained, or bivocational.
- If one person occupies more than one staff position, put his/her name in each place on the form. (For example, one person may serve as both Minister of Education and Minister of Youth. That person's name/address should be put in both places).
- If two people occupy a staff position, put one person's name in the appropriate place on the form and put the second person's name in the space labeled "Additional Information." DO NOT put Mr & Mrs on the name line. List each separately.
- If your congregation employs any professional staff member(s) not listed on the form, please list name, address, and title of each on the "Other Positions or Roles" section.
- Please enter the date a person started serving in their role/position.

Senior Pastor

Preferred Title: _____ Start Date: _____

Bivocational Licensed Ordained Interim

Be sure to give your main pastor's name, address, and telephone number. If pastor is there only for a short time until your congregation finds a pastor, do NOT give his name here (Please add to other ordained ministers-part time interim-PI). Check Bivocational if your pastor is employed at another job in addition to your congregation.

Salutation: Dr, Rev, Mr, Mrs, Ms, Miss _____ Name _____

Mailing Address (St., Rt, Box No.) _____

City _____ State _____ Zip _____

Telephone Number _____ Email Address _____ Pastor Twitter Acct. _____

Person filling out this form

Preferred Title: _____ Start Date: _____

Salutation: Dr, Rev, Mr, Mrs, Ms, Miss _____ Name _____

Mailing Address (St., Rt, Box No.) _____

City _____ State _____ Zip _____

Telephone Number _____ Email Address _____

Associate Pastor

Preferred Title: _____ Start Date: _____

Volunteer (Not Paid) Part-Time (paid) Full-Time Ordained Licensed Bivocational

Salutation: Dr, Rev, Mr, Mrs, Ms, Miss _____ Name _____

Mailing Address (St., Rt, Box No.) _____

City _____ State _____ Zip _____

Telephone Number _____ Email Address _____

Music

Preferred Title: _____ Start Date: _____

Volunteer (Not Paid) Part-Time (paid) Full-Time Ordained Licensed Bivocational

Salutation: Dr, Rev, Mr, Mrs, Ms, Miss _____ Name _____

Mailing Address (St., Rt, Box No.) _____

City _____ State _____ Zip _____

Telephone Number _____ Email Address _____

Mission Pastor/Church Planter

Preferred Title: _____ Start Date: _____

Volunteer (Not Paid) Part-Time (paid) Full-Time Ordained Licensed Bivocational

Salutation: Dr, Rev, Mr, Mrs, Ms, Miss _____ Name _____

Mailing Address (St., Rt, Box No.) _____

City _____ State _____ Zip _____

Telephone Number _____ Email Address _____

All email addresses provided will only be used for official BSCNC communication.

Education

Preferred Title: _____ Start Date: _____

Volunteer (Not Paid) Part-Time (paid) Full-Time Ordained Licensed Bivocational

Salutation: Dr, Rev, Mr, Mrs, Ms, Miss _____ Name _____

Mailing Address (St., Rt, Box No.) _____

City _____ State _____ Zip _____

Telephone Number _____ Email Address _____

Youth

Preferred Title: _____ Start Date: _____

Volunteer (Not Paid) Part-Time (paid) Full-Time Ordained Licensed Bivocational

Salutation: Dr, Rev, Mr, Mrs, Ms, Miss _____ Name _____

Mailing Address (St., Rt, Box No.) _____

City _____ State _____ Zip _____

Telephone Number _____ Email Address _____

Children

Preferred Title: _____ Start Date: _____

Volunteer (Not Paid) Part-Time (paid) Full-Time Ordained Licensed Bivocational

Salutation: Dr, Rev, Mr, Mrs, Ms, Miss _____ Name _____

Mailing Address (St., Rt, Box No.) _____

City _____ State _____ Zip _____

Telephone Number _____ Email Address _____

Preschool

Preferred Title: _____ Start Date: _____

Volunteer (Not Paid) Part-Time (paid) Full-Time Ordained Licensed Bivocational

Salutation: Dr, Rev, Mr, Mrs, Ms, Miss _____ Name _____

Mailing Address (St., Rt, Box No.) _____

City _____ State _____ Zip _____

Telephone Number _____ Email Address _____

Recreation *Minister of Recreation (Director of Activities) is the person most responsible for recreational activities (fellowships, socials, sports, drama, camps, etc.).*

Preferred Title: _____ Start Date: _____

Volunteer (Not Paid) Part-Time (paid) Full-Time Ordained Licensed Bivocational

Salutation: Dr, Rev, Mr, Mrs, Ms, Miss _____ Name _____

Mailing Address (St., Rt, Box No.) _____

City _____ State _____ Zip _____

Telephone Number _____ Email Address _____

Church Secretary

Preferred Title: _____ Start Date: _____

Volunteer (Not Paid) Part-Time (paid) Full-Time

Your congregation may have more than two secretaries. If so, give the names of the secretaries who handle most congregational matters

Salutation: Dr, Rev, Mr, Mrs, Ms, Miss _____ Name _____

Mailing Address (St., Rt, Box No.) _____

City _____ State _____ Zip _____

Telephone Number _____ Email Address _____

Church Secretary

Preferred Title: _____ Start Date: _____

Volunteer (Not Paid) Part-Time (paid) Full-Time

Salutation: Dr, Rev, Mr, Mrs, Ms, Miss _____ Name _____

Mailing Address (St., Rt, Box No.) _____

City _____ State _____ Zip _____

Telephone Number _____ Email Address _____

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Media Library Director Preferred Title: _____ Start Date: _____

Volunteer (Not Paid) Part-Time (paid) Full-Time

Person responsible for all the library work. Your congregation may use another name, such as librarian, for this person.

Salutation: Dr, Rev, Mr, Mrs, Ms, Miss _____ Name _____

Mailing Address (St., Rt, Box No.) _____

City _____ State _____ Zip _____

Telephone Number _____ Email Address _____

Church Organist Preferred Title: _____ Start Date: _____

Volunteer (Not Paid) Part-Time (paid) Full-Time

Salutation: Dr, Rev, Mr, Mrs, Ms, Miss _____ Name _____

Mailing Address (St., Rt, Box No.) _____

City _____ State _____ Zip _____

Telephone Number _____ Email Address _____

Church Pianist Preferred Title: _____ Start Date: _____

Volunteer (Not Paid) Part-Time (paid) Full-Time

Salutation: Dr, Rev, Mr, Mrs, Ms, Miss _____ Name _____

Mailing Address (St., Rt, Box No.) _____

City _____ State _____ Zip _____

Telephone Number _____ Email Address _____

Sunday School Leader Preferred Title: _____ Start Date: _____

Volunteer (Not Paid) Part-Time (paid) Full-Time

Salutation: Dr, Rev, Mr, Mrs, Ms, Miss _____ Name _____

Mailing Address (St., Rt, Box No.) _____

City _____ State _____ Zip _____

Telephone Number _____ Email Address _____

Discipleship Training Leader Preferred Title: _____ Start Date: _____

Salutation: Dr, Rev, Mr, Mrs, Ms, Miss _____ Name _____

Mailing Address (St., Rt, Box No.) _____

City _____ State _____ Zip _____

Telephone Number _____ Email Address _____

Brotherhood Leader *Enter RA director if you have RAs but no Brotherhood director.*

Preferred Title: _____ Start Date: _____

Volunteer (Not Paid) Part-Time (paid) Full-Time

Salutation: Dr, Rev, Mr, Mrs, Ms, Miss _____ Name _____

Mailing Address (St., Rt, Box No.) _____

City _____ State _____ Zip _____

Telephone Number _____ Email Address _____

Embrace Women's Ministry or Woman's Missionary Union (WMU) Leader *Please choose your Women's Ministry.* Embrace WMU

Preferred Title: _____ Start Date: _____

Volunteer (Not Paid) Part-Time (paid) Full-Time

Salutation: Dr, Rev, Mr, Mrs, Ms, Miss _____ Name _____

Mailing Address (St., Rt, Box No.) _____

City _____ State _____ Zip _____

Telephone Number _____ Email Address _____

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Deacon Chairperson Preferred Title: _____ Start Date: _____
Salutation: Dr, Rev, Mr, Mrs, Ms, Miss _____ Name _____
Mailing Address (St., Rt, Box No.) _____
City _____ State _____ Zip _____
Telephone Number _____ Email Address _____

Church Treasurer Preferred Title: _____ Start Date: _____
Salutation: Dr, Rev, Mr, Mrs, Ms, Miss _____ Name _____
Mailing Address (St., Rt, Box No.) _____
City _____ State _____ Zip _____
Telephone Number _____ Email Address _____

Stewardship Chairperson *The Stewardship Chairperson may also be known as Budget Chairperson, Finance Committee Chairperson, etc.*
Preferred Title: _____ Start Date: _____
Salutation: Dr, Rev, Mr, Mrs, Ms, Miss _____ Name _____
Mailing Address (St., Rt, Box No.) _____
City _____ State _____ Zip _____
Telephone Number _____ Email Address _____

Evangelism Council *Give the name and address of the Chairperson of the Congregation's Evangelism Council.*
Preferred Title: _____ Start Date: _____
Salutation: Dr, Rev, Mr, Mrs, Ms, Miss _____ Name _____
Mailing Address (St., Rt, Box No.) _____
City _____ State _____ Zip _____
Telephone Number _____ Email Address _____

Missions Development Director/Chairperson *The Missions Development Committee may also be known as the Mission Committee.*
Preferred Title: _____ Start Date: _____
Salutation: Dr, Rev, Mr, Mrs, Ms, Miss _____ Name _____
Mailing Address (St., Rt, Box No.) _____
City _____ State _____ Zip _____
Telephone Number _____ Email Address _____

Church Clerk Preferred Title: _____ Start Date: _____
Salutation: Dr, Rev, Mr, Mrs, Ms, Miss _____ Name _____
Mailing Address (St., Rt, Box No.) _____
City _____ State _____ Zip _____
Telephone Number _____ Email Address _____

Prayer Ministry Coordinator Preferred Title: _____ Start Date: _____
Salutation: Dr, Rev, Mr, Mrs, Ms, Miss _____ Name _____
Mailing Address (St., Rt, Box No.) _____
City _____ State _____ Zip _____
Telephone Number _____ Email Address _____

Other Ordained Ministers

Use this part to enter the names and addresses of ordained persons who have NOT been listed above in Congregational Leaders. (If you need space for additional names, include them in the space labeled "Additional Information"). Give the address where they would prefer to receive denominational business mail. Be sure to give the correct code which indicates their present status.

Use the correct codes after the name of each ordained minister.

Codes are:

- PI Part-time, interim (for a short time)
- CH Chaplain (military, hospital, factory, institution, etc.)
- EM Evangelist - Music
- EP Evangelist - Preaching
- R Retired

- I Inactive
- AW Associational Worker
- SW State Worker (person working in any Southern Baptist state agency or institution)
- CW Convention Worker (person working for North American Mission Board, International Mission Board, SBC seminary, or any SBC agency)
- O Other church-related work (seminary student, teacher of Bible, etc.)

Ordained Minister

Title _____ Code _____ Name _____

Mailing Address (St., Rt, Box No.) _____ Start Date: _____

City _____ State _____ Zip _____

Telephone Number _____ Email Address _____

Ordained Minister

Title _____ Code _____ Name _____

Mailing Address (St., Rt, Box No.) _____ Start Date: _____

City _____ State _____ Zip _____

Telephone Number _____ Email Address _____

Ordained Minister

Title _____ Code _____ Name _____

Mailing Address (St., Rt, Box No.) _____ Start Date: _____

City _____ State _____ Zip _____

Telephone Number _____ Email Address _____

Other Positions or Roles *For additional positions, please use a separate sheet of paper.*

Position _____ Name _____

Mailing Address (St., Rt, Box No.) _____ Start Date: _____

City _____ State _____ Zip _____

Telephone Number _____ Email Address _____

Position _____ Name _____

Mailing Address (St., Rt, Box No.) _____ Start Date: _____

City _____ State _____ Zip _____

Telephone Number _____ Email Address _____

Position _____ Name _____

Mailing Address (St., Rt, Box No.) _____ Start Date: _____

City _____ State _____ Zip _____

Telephone Number _____ Email Address _____

Position _____ Name _____

Mailing Address (St., Rt, Box No.) _____ Start Date: _____

City _____ State _____ Zip _____

Telephone Number _____ Email Address _____

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Other Information *Please fill in all relevant information.*

Representatives on Associational Executive Board *List your congregation's representatives on the Associational Executive Board.*

Name	Street, Rt, Box No.	City, State, Zip	Phone	Email

Messengers to Association *List persons who will be your congregation's messengers to the associational meeting.*

Name	Street, Rt, Box No.	City, State, Zip	Phone	Email

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If you have any questions or concerns, please contact:

Russell Schwab
rschwab@ncbaptist.org
(800) 395-5102 ext. 5582

Judy Autry
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(800) 395-5102 ext. 5592

Becki Canterberry
bcanterberry@ncbaptist.org
(800) 395-5102 ext. 5593



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 The missions and ministries of the Baptist State Convention of North Carolina are made possible by your gifts through the Cooperative Program and the North Carolina Missions Offering.