

MISSIONARIES OF THE BLIND
VOLUNTEER REPORT FORM

Please complete this report at the end of each month and send one copy to the Personal Ministries office of Christian Record and one copy to the local Christian Record representative.

Name of volunteer _____ Month/Year _____

Name of blind person visited this month _____

Address of blind person _____

How many times were you able to visit or call this month? _____

Did he/she attend an SDA church this month? Yes ___ No ___

If so, which church? _____

Which conference? _____

How many times were you able to pray with him/her? _____

Are he/she taking Bible studies? Yes ___ No ___

Which course? _____

Briefly share any comments of how things are going (*Are you becoming friends? Is he/she taking Bible studies? Are they interested in baptism? Are there any problems?*).....