**Antler River Watershed; Horseshoe Falls; Western Ontario Waterways**

**Regional Councils**

**Community of Faith: Living Faith Story Worksheet**

**PURPOSE**: To provide information about the Community of Faith’s understanding of their ministry and mission.

**Who uses it**: Communities of Faith in regularly assessing their ministry and in gathering their profile information for ChurchHub.

Community of Faith:

Address:

Pastoral Charge:

Regional Council:

Date:

1. **Mission Statement:**

Click or tap here to enter text.

1. **Values:**

Click or tap here to enter text.

1. **Summary of your community of faith:**

Click or tap here to enter text.

1. **Definition of Current Ministry**

*(How would you describe your ministry; What is important to you in each category?)*

* 1. **Administration: Priority - #** Choose the priority of the Ministry Category (1-9)

Click or tap here to describe your ministry in this category

* 1. **Community Outreach & Social Justice: Priority - #** Choose the priority of the Ministry Category (1-9)

Click or tap here to describe your ministry in this category

* 1. **Continuing Education: Priority - #** Choose the priority of the Ministry Category (1-9)

Click or tap here to describe your ministry in this category

* 1. **Denomination & Communities: Priority - #** Choose the priority of the Ministry Category (1-9)

Click or tap here to describe your ministry in this category

* 1. **Faith Formation & Christian Education: Priority - #** Choose the priority of the Ministry Category (1-9)

Click or tap here to describe your ministry in this category

* 1. **Leadership: Priority - #** Choose the priority of the Ministry Category (1-9)

Click or tap here to describe your ministry in this category

* 1. **Pastoral Care: Priority - #** Choose the priority of the Ministry Category (1-9)

Click or tap here to describe your ministry in this category

* 1. **Self Care: Priority - #** Choose the priority of the Ministry Category (1-9)

Click or tap here to describe your ministry in this category

* 1. **Worship: Priority - #** Choose the priority of the Ministry Category (1-9)

Click or tap here to describe your ministry in this category

1. Do you have any goals for the next year that might enhance your current ministry or begin something new? [ ]  No [ ]  Yes *If yes, please list or append.*

Click or tap here to enter text.