



Missionary Report

Name: _____

Date: _____

Please answer each question and return the form to the ARMS office. Forms are due on the first day of January, April, July, and October for each adult missionary.

	Yes	No	
1.			I communicated each month with our supporters. (prayer letter, email, etc.)
2.			I rested at least a few hours each week.
3.			I consistently had private devotions.
4.			I am reading a spiritually enriching book.
5.			I am in submission to the authorities over me.
6.			I am current with income tax obligations.
7.			I am current with my financial obligations.
8.			I (we) contributed each month to ARMS.
9.			I (we) maintain health insurance coverage.
10.			I (we) contributed to a savings/retirement/educational/contingency plan.
11.			I regularly witness to the lost.
12.			I regularly spend time with my family.
13.			I am active in my local church.
14.			I am regularly cultivating relationships with nationals.
15.			I do my work with great joy at the HLW.

Please explain any “no” answer on a separate page.

16. Please describe your health and the health of your family.

17. How many hours did you spend per week on average working at the HLW? What did you do?

18. How has the Lord used you in the past weeks?

19. What is your main trial or difficulty?

20. How can ARMS or your supporters assist you?

21. Did you meet your goals for the last quarter?

22. What goals do you have for the next quarter?

23. What will you do to reach the goals?

24. How is your personal relationship with other ARMS missionaries and national staff?

25. Please describe any other issue that affects your work and life on the field that the board should know about.