

Yokefellow Prison Ministry of North Carolina Local Coordinator Quarterly Report

Local Coordinator Name: _____ Prison: _____

Day and time local meetings take place: _____

Frequency of meetings (weekly, biweekly, monthly, etc.): _____

Month: Jan/Apr/Jul/Oct Year: _____ ****Submit by the 15th for preceding quarter.****

How many active volunteers do you have? _____ Inactive volunteers? _____

Diversity Statistics

_____ % over age 65; _____ % under age 65; _____ % male; _____ % female

_____ % African-American; _____ % Asian; _____ % Caucasian; _____ % Other

How many denominations (including nondenominational) are represented? _____

Record the average number of volunteers and inmates who attended each meeting this quarter.

Meetings for...	Average # volunteers attending meetings	Average # inmates attending meetings
Month 1		
Month 2		
Month 3		

Provide names and contact information for new volunteers.

First & Last Name	Complete Mailing Address	Email Address	Phone Number

Provide names and status for newly inactive volunteers (plans to miss at least one month of meetings).

First & Last Name	Is inactive status temporary or permanent?

