

**CHURCH DIRECTORY - TRINITY PRESBYTERY – 2021**

Please complete the information on both sides of this sheet for Presbytery's Directory.

Church Name: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

Church Phone: \_\_\_\_\_ Fax # \_\_\_\_\_ E-mail: \_\_\_\_\_ Website: \_\_\_\_\_

Worship Service(s) time(s): \_\_\_\_\_

**Check all that apply**

Sanctuary capacity: \_\_\_\_\_ ADA Compliant: \_\_\_\_\_ Extent: \_\_\_\_\_ Parking \_\_\_\_\_ Restrooms \_\_\_\_\_ Elevators \_\_\_\_\_  
 Additional space capacity: \_\_\_\_\_ ADA Compliant: \_\_\_\_\_ Extent: \_\_\_\_\_ Parking \_\_\_\_\_ Restrooms \_\_\_\_\_ Elevators \_\_\_\_\_  
 Internet/Wifi available: \_\_\_\_\_ Projector available: \_\_\_\_\_ Projection Screen: \_\_\_\_\_ Location: \_\_\_\_\_  
 Sound system: \_\_\_\_\_

**Check one**

Minister: \_\_\_\_\_ **Pastor**    **Assoc. Pastor**    **Stated Supply**    **Pulpit Supply**    **Other** \_\_\_\_\_

Minister: \_\_\_\_\_ **Pastor**    **Assoc. Pastor**    **Stated Supply**    **Pulpit Supply**    **Other** \_\_\_\_\_

Minister: \_\_\_\_\_ **Pastor**    **Assoc. Pastor**    **Stated Supply**    **Pulpit Supply**    **Other** \_\_\_\_\_

**Other Professional Staff** (Educator, Director of Music, Weekday Director, etc.):

Name/Position	Address (home)	Email	Phone (Work)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Church Admin/Secretary: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Treasurer/Business Manager: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Church Office Hours \_\_\_\_\_

Clerk of Session: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Chair of Diaconate: \_\_\_\_\_ E-mail: \_\_\_\_\_

Stated Session Meetings are held: \_\_\_\_\_ (e.g. 1<sup>st</sup> Tuesdays – 7:30 p.m. – Fellowship Hall)

How many church bulletins do you print weekly? \_\_\_\_\_ Does your church use the unicameral system?    Yes    No

Church membership: \_\_\_\_\_

Church Staff Information – 2021  
 (Other than installed pastors & educators)

Church Name: \_\_\_\_\_

Presbytery's Office regularly receives requests from our churches for information regarding employment of additional staff (part and full time) and is asked for information concerning compensation. Since Sessions are given the duty of overseeing employment of and review of the adequacy of compensation for all staff, your cooperation in sharing the following information would be helpful.

**PROFESSIONAL STAFF (Director of Music, Weekday Director, etc.)**

Position	Full Time or Part Time	PT Hours (indicate hours)	Salary	Auto	Continuing Education	Board of Pensions	Books	Other – Prof Exp; Retirement	Total

**SUPPORT STAFF (Secretaries, Custodians, etc.)**

Position	Full Time or Part Time	PT Hours (indicate hours)	Salary	Auto	Continuing Education	Board of Pensions	Books	Other (identify)	Total

Reported by: \_\_\_\_\_

Date : \_\_\_\_\_

