



# NCCUMC On-line Data Collection System

District: 2 Church: 81 - DUR - Duke Memorial  
 Pastor: 35 - James Douglas Bell

## North Carolina Annual Conference of the United Methodist Church

### The Congregation's Witness Beyond the Church Walls

For the period beginning  and ending

**I. Response to Multi-cultural Ministry**

*"For as many of you as were baptized into Christ have put on Christ... There is neither Jew nor Greek, there is neither slave nor free, there is neither male nor female, for you all are one in Christ Jesus." (Galatians 3:27-28)*

**1. What is the percentage of:**

Racial ethnic *minority* persons in your congregation? **2 %**

Racial ethnic *majority* persons in your local congregation? **98 %**

Racial ethnic *minority* persons in your community? **70 %**

Racial ethnic *majority* persons in your community? **30 %**

**2. In the last year has your congregation intentionally participated with groups or persons from another ethnicity than the predominate race/culture of your existing congregation in any of the following ways? Check all that apply**

Shared worship

Choir exchange

Pulpit exchange

Guest speaker

Special study

Fellowship meal

Mission project (i.e.) Habitat for Humanity, hunger relief, etc.)

Other. Please describe:



None of the above

**II. Initiative on Children and Poverty**

*"Jesus said, 'Let the children come to me, and do not hinder them; for to such belongs the kingdom of heaven.'" (Matthew 19:14)*

**1. In what ways does the congregation partner with other services to the community's children beyond the church's traditional settings (i.e. Sunday School, choir, fellowship groups)?**

A. Partnership with the local school? Yes  No

1. We have established a prayer partnership with the local school

staff and honor the staff throughout the year. Yes  No

2. We have volunteers with students during the school day. Yes

No

3. We have or support a number of after-school programs. Yes

No

4. Number of after-school participants. **0**

B. Day Care or Preschool provided as a part of the church's ministry? Yes

No

Number of participants. **300**

C. "Hand-in-Hand"? Yes  No

Number of participants. **0**

D. Other Ministries: (Please describe and include the number of participants)

**We do have volunteers tutoring at a neighboring community center for youth with whom we have a partner relationship.**

**E. Leadership Information**

Name of Coordinator for this partnership:

Coordinator Mailing Address Line 1:

Coordinator Mailing Address Line 2:

Coordinator Mailing Address City:

Coordinator Mailing State:

Coordinator Mailing Address 5 digit Zip code:

Coordinator Mailing Address Zip plus 4:

Phone:

Email:

**III. Disciple Bible Outreach Ministries**

*"And when did we see you sick and in prison and visit you?" And the King will answer them, 'Truly, I say to you, as you did it to the least of these my brethren, you did it to me.'" (Matthew 25:39-40)*



1. Has your congregation participated in the Disciple Bible Study series? Yes  No

2. Would your congregation be interested in leading Disciple Bible Study in one of our minimum security prison units? Yes  No

3. If your church is leading in Disciple Bible Study, would you be interested in helping other churches become involved? Yes  No

4. Disciple Bible Outreach Coordinator: **Judy Coman**

Mailing Address Line 1: **4709 Rivermont Rd.**

Mailing Address Line 2:

Mailing Address City: **Durham**

Mailing Address State: **NC**

Mailing Address 5 digit Zip Code: **27712**

Mailing Address Zip Plus 4:

Phone: **919-383-7245**

Email:

IV. Civic Youth-Serving and Scouting Groups

*"Store up for yourselves treasures in heaven, where moth and rust do not destroy, and where thieves do not break in and steal. For where your treasure is, there your heart will be also." (Matthew 6:20-21)*

1. Please indicate which of the following civic youth-serving agencies and Scouting groups that meet at your church. (Check all that are appropriate.)

Girl Scout Troop

Cub Scout Pack

Boy Scout Troop and/or Crew

4-H Club

Camp Fire

Big Brothers/Big Sisters

Pioneer Club

Other:

None



2. Please list the name, address, and local church of one leader of each group.

**Girl Scout Troop**

Coordinator Name:  
Mailing Address Line 1:  
Mailing Address Line 2:  
Mailing Address City:  
Mailing Address State:  
Mailing Address 5 digit Zip Code:  
Mailing Address Zip Plus 4:  
Phone:  
Email:

**Cub Scout Pack**

Coordinator Name:  
Mailing Address Line 1:  
Mailing Address Line 2:  
Mailing Address City:  
Mailing Address State:  
Mailing Address 5 digit Zip Code:  
Mailing Address Zip Plus 4:  
Phone:  
Email:

**Boy Scout Troop and/or Crew**

Coordinator Name:  
Mailing Address Line 1:  
Mailing Address Line 2:  
Mailing Address City:  
Mailing Address State:  
Mailing Address 5 digit Zip Code:  
Mailing Address Zip Plus 4:  
Phone:  
Email:

**4-H Club**

Coordinator Name:  
Mailing Address Line 1:  
Mailing Address Line 2:  
Mailing Address City:  
Mailing Address State:  
Mailing Address 5 digit Zip Code:  
Mailing Address Zip Plus 4:  
Phone:



Email:

**Camp Fire**

Coordinator Name:  
 Mailing Address Line 1:  
 Mailing Address Line 2:  
 Mailing Address City:  
 Mailing Address State:  
 Mailing Address 5 digit Zip Code:  
 Mailing Address Zip Plus 4:  
 Phone:  
 Email:

**Big Brothers/Big Sisters**

Coordinator Name:  
 Mailing Address Line 1:  
 Mailing Address Line 2:  
 Mailing Address City:  
 Mailing Address State:  
 Mailing Address 5 digit Zip Code:  
 Mailing Address Zip Plus 4:  
 Phone:  
 Email:

**Pioneer Club**

Coordinator Name:  
 Mailing Address Line 1:  
 Mailing Address Line 2:  
 Mailing Address City:  
 Mailing Address State:  
 Mailing Address 5 digit Zip Code:  
 Mailing Address Zip Plus 4:  
 Phone:  
 Email:

**Other**

Coordinator Name:  
 Mailing Address Line 1:  
 Mailing Address Line 2:  
 Mailing Address City:  
 Mailing Address State:  
 Mailing Address 5 digit Zip Code:  
 Mailing Address Zip Plus 4:  
 Phone:



Email:

Email:

Campanella

Coordinator Name:  
Mailing Address Line 1:  
Mailing Address Line 2:  
Mailing Address City:  
Mailing Address State:  
Mailing Address 5 digit Zip Code:  
Mailing Address Zip Plus 4:  
Phone:  
Email:

Big Brothers/Big Sisters

Coordinator Name:  
Mailing Address Line 1:  
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Mailing Address State:  
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Pioneer Club

Coordinator Name:  
Mailing Address Line 1:  
Mailing Address Line 2:  
Mailing Address City:  
Mailing Address State:  
Mailing Address 5 digit Zip Code:  
Mailing Address Zip Plus 4:  
Phone:  
Email:

Other

Coordinator Name:  
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Mailing Address 5 digit Zip Code:  
Mailing Address Zip Plus 4:  
Phone: