

NCCUMC On-line Data Collection System

District:

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 11/7/2005 and ending 11/2/2006

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:
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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 ethinicity 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.) Ha	bitat for Humanity, hunger relief, etc.)
Other. Please describe:	9518-88 à (0.19) ann 19

	None of the above
3.	List at least three goals, plans and timelines for the next 12 months, for moving toward greater inclusiveness and activity with persons of different cultural backgrounds.
	Relocated youth suite for ministry with youth Soul Cafe Music/Arts Series on Saturday evenings may attract persons with a different cultural background.
П.	Weekday Programs For Children
	"Jesus said, 'Let the children come to me, and do not hinder them; for to such belongs the kingdot of heaven.'" (Matthew 19:14)
1.	In what ways does the congreation partner with other services to the community's children beyond the church's traditional settings (i.e. Sunday School, choir, fellowship groups)?
1.	Type of Ministry Program
	Preschool Yes No Number of participants. 160
	Mother/Parent Morning Out Yes ✓ No ☐ Number of participants. 140
	Full Time Daycare Yes No No Number of participants.
	Before School Yes No No Number of participants.
	After School Yes No No Number of participants.
	Other Yes No V
	Other Program:
	Number of participants. 0
2.	Leadership Information
	Please list the contact information for each group.
D.	eschool
Fr	Coordinator Name: Susan Grubbs
	Mailing Address Line 1: 504 W. Chapel Hill Street
	Mailing Address Line 2:
	Mailing Address City: Durham
	Mailing Address State: NC
Ma	ailing Address 5 digit Zip Code: 27701
	Mailing Address Zip Plus 4:
	Phone: (919) 688-5130

Email: susan.grubbs@earthlink.net

Mother/Parent Morning Out

Coordinator Name: Ann Stallings Smith

Mailing Address Line 1: 504 W. Chapel Hill Street

Mailing Address Line 2:

Mailing Address City: Durham

Mailing Address State: NC

Mailing Address 5 digit Zip Code: 27701

Mailing Address Zip Plus 4:

Phone: (919) 683-3467

Email: annstallings@dukememorial.org

Full Time Day Care

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:

Before School

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:

After School

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:

Oth	er	
	Coordinator Name:	
	Mailing Address Line 1:	
	Mailing Address Line 2:	
	Mailing Address City:	
	Mailing Address State:	
Mail	ling Address 5 digit Zip Code:	
	Mailing Address Zip Plus 4:	Gispff the section is sufficient
	Phone:	
	Email:	
m.	Disciple Bible Outreach Ministr	ies on the same of
	"And when did we see you sick a	nd in prison and visit you?' And the King will answer them,
	Truly, I say to you, as you did it t 25:39-40)	o the least of these my brethren, you did it to me.'" (Matthew
1.	Has your congregation particip	ated in the Disciple Bible Study series? Yes No No
	Would your congregation be in	terested in leading Disciple Bible Study in one of our
2.	minimum security prison units	
3.	If your church is leading in Dischurches become involved? You	ciple Bible Study, would you be interested in helping other
4.	Disciple Bible Outreach Coord	
	Mailing Address	
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	Mailing Address Zip	
		Phone:
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IV.	Civic Youth-Serving and Scout	
	"Store up for yourselves treasure thieves do not break in and steal also." (Matthew 6:20-21)	es in heaven, where moth and rust do not destroy, and where . For where your treasure is, there your heart will be
1.	Please indicate which of the fol meet at your church. (Check a	llowing civic youth-serving agencies and Scouting groups that Il that are appropriate.)
	Girl Scout Troop	e entre de la companya de entre entre Dispetit
	Cub Scout Pack	

Boy Scout Troop and/or Cr	rew	
4-H Club		
— 4-11 Club		
Camp Fire		
_		
☐ Big Brothers/Big Sisters		
Pioneer Club		
- Pioneer Club		
Other: Cub Scout den		
Other - 2:		
Other - 3:		
None		
		SHE F
2. Please list the name, address, a	and local church of one leader of e	ach group.
irl Scout Troop		
Coordinator Name:		
Mailing Address Line 1:		
Mailing Address Line 2:		
Mailing Address City:		
Mailing Address State:		
Tailing Address 5 digit Zip Code:		
Mailing Address Zip Plus 4: Phone:		
Email:		
ub Scout Pack		
	Murray Simpson	
Mailing Address Line 1:		
Mailing Address Line 2:		
Mailing Address City:		
Mailing Address State:		
failing Address 5 digit Zip Code:		
Mailing Address Zip Plus 4:		
	(919) 489-9245	
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:

Other - 2

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 - 3

Coordinator Name:

Mailing Address Line 1:

Mailing Address Line 2:

Mailing Address City:

Mailing Address State:

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