



## THE ARKANSAS-LOUISIANA CONFERENCE OF SEVENTH-DAY ADVENTISTS 2025 – 2026 Church Officer Form

Church Name	<input type="text"/>	Church Website	<input type="text"/>
Street Address	<input type="text"/>	Mailing Address	<input type="text"/>
Phone Number	<input type="text"/>	Sabbath School Time	<input type="text"/>
		Church Service Time	<input type="text"/>
		Prayer Meeting Time and Day of Week	<input type="text"/>

**Return this form to: Conference Clerk**  
**Arkansas-Louisiana Conference of SDA**  
**7025 Greenwood Rd**  
**Shreveport, LA 71119**

**Please return by July 1, 2024**

DEPARTMENT	NAME	DATE OF BIRTH	ADDRESS	EMAIL ADDRESS	Home Phone # Cell Phone #
Pastor					
Pastor					
First Elder					
Elder					
Elder					
Elder (please list any additional elders on page 5)					
Contact Person to ship packages					

<b>DEPARTMENT</b>	<b>NAME</b>	<b>DATE OF BIRTH</b>	<b>ADDRESS</b>	<b>EMAIL ADDRESS</b>	<b>Home Phone # Cell Phone #</b>
<b>Treasurer</b>					
<b>Assistant Treasurer</b>					
<b>Clerk</b>					
<b>Assistant Clerk</b>					
<b>Bulletin Secretary</b>					
<b>Head Deacon</b>					
<b>Head Deaconess</b>					
<b>Adventurer Director</b>					
<b>Children's Ministry Director</b>					
<b>Communication Director</b>					
<b>Communication Secretary</b>					
<b>Community Service Director</b>					

<b>DEPARTMENT</b>	<b>NAME</b>	<b>DATE OF BIRTH</b>	<b>ADDRESS</b>	<b>EMAIL ADDRESS</b>	<b>Home Phone # Cell Phone #</b>
<b>Disaster Coordinator</b>					
<b>Eager Beaver Director</b>					
<b>Health &amp; Temperance Ldr</b>					
<b>Ingathering Leader</b>					
<b>Interest Coordinator</b>					
<b>Investment Leader</b>					
<b>Men's Ministry Leader</b>					
<b>National Service Organization</b>					
<b>PARL Religious Liberty</b>					
<b>Pathfinder Director</b>					
<b>Personal Ministries Director</b>					
<b>Personal Ministries Secretary</b>					

DEPARTMENT	NAME	DATE OF BIRTH	ADDRESS	EMAIL ADDRESS	Home Phone # Cell Phone #
Prayer Ministry Coordinator					
Prison Ministry Director					
Safety Officer					
Senior Ministry Director					
Singles Ministry Director					
Sabbath School Beginner					
Sabbath School Kindergarten					
Sabbath School Primary					
Sabbath School Junior					
Sabbath School Earliteen					
Sabbath School Youth					
Sabbath School Superintendent					

DEPARTMENT	NAME	DATE OF BIRTH	ADDRESS	EMAIL ADDRESS	Home Phone # Cell Phone #
Sabbath School Secretary					
Stewardship Director					
VBS Leader					
Women's Ministry Leader					
Youth Leader					
Background Screening Coordinator					
Additional Offices you wish to list					

**If you have Doctors, Dentists or Retired Pastors who are members of your church, please list them below and state what kind of Doctor they are. Please only list actively working Doctors and Dentists, and list their work address and phone number.**

<b>DOCTORS AND DENTISTS IN YOUR CHURCH</b>	<b>NAME</b>	<b>DATE OF BIRTH</b>	<b>WORK ADDRESS</b>	<b>EMAIL ADDRESS</b>	<b>Work Phone # Cell Phone #</b>
Please Circle Active or Retired					
Please Circle Active or Retired					
Please Circle Active or Retired					
Please Circle Active or Retired					
Please Circle Active or Retired					
<b>RETIRED PASTORS</b>	<b>NAME</b>	<b>DATE OF BIRTH</b>	<b>ADDRESS</b>	<b>EMAIL ADDRESS</b>	
<b>Retired Pastor</b>					
<b>Retired Pastor</b>					