



Society of Saint Vincent de Paul – Toronto Central Council
Conference Annual Report for Year – 2016

Conference: _____ Particular Council: _____

1. CONFERENCE ACTIVITIES

1.1 Home Visitations

- a) Number of **homes** visited. (12 homes=12 different addresses): _____
- b) Number of **visits** made to these homes in (a). Tally total visits from each month: _____
- c) Number of adults served in (b): _____ Number of children served in (b): _____
- Visits without material assistance
- e) Number of visits to sick (homes/ hospitals/homes for the aged): _____
- f) Number of friendly visits to persons (hospitals/homes for the aged): _____

1.2 Volunteer Hours

Hours members spent attending conference meetings: _____

Hours members spent on home visits, including phone and travel time: _____

Hours members spent on other Vincentian work:
(Admin work, pantries, Bundle Sundays, Poor Box, etc.) _____

Total: _____

1.3 Does your conference issue tax receipts to donors? Yes _____ No _____

How does your conference raise funds? _____

1.4 Conference Membership

- a) Number of Full Members (over age 36) _____
- b) Number of Young Adult Members (18-35) _____
- c) Number of Youth Members (under 18) _____
- d) Total Number of all members: _____
- e) Spiritual Advisor? Yes _____ No _____

2. Other types of assistance provided: (transportation to medical appointments, Mass, hospitals, seniors residences etc): _____

Frequency: _____

3. **FOOD BANKS**

Does your conference run a food bank? _____ Number of persons served: _____

Estimated number of volunteer hours: _____ Total cost to operate the food bank: \$ _____

Other programs in your area not previously named (can include tutoring programs, breakfast programs, pantry etc): _____

4. **TWINNING**

Are you twinned with any Conference or Council? Yes _____ No _____

Twin name: _____ Twin location: _____

Frequency of Communication: _____ Total dollar amount of support: \$ _____

CHRISTMAS HELP:

Please check what is provided:

Food Hampers _____ Food Vouchers _____ Gift Certificates _____ Toys _____

Other _____

Total number of adults assisted: _____ Total number of children assisted: _____

Does your conference pay for Christmas assistance? _____ If yes, what is the total dollar value of Christmas assistance provided: \$ _____

If, no, whom do you work with to provide Christmas assistance: _____

Estimated dollar value provided by those sources: \$ _____

Form Completed by (please print): _____

Please fill in the information and return it to your Particular Council President

By February 10, 2017

Thank-you!