



Society of Saint Vincent de Paul – Toronto Central Council
Conference Annual Report for Year – 2017

Conference: _____ Particular Council: _____

CRA Registration Number: _____

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 ____

If no, who issues the receipts? _____

How does your conference raise funds? _____

1.4 Conference Membership

Total Number of all members: _____

Breakdown

a) Number of Full Members (over age 36) _____

b) Number of Young Adult Members (18-35) _____

c) Number of Youth Members (under 18) _____

d) 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: \$ _____

4. **TWINNING**

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

Twin name: _____ Twin location: _____

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

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

CHRISTMAS HELP:

Please check what is provided:

Food Hampers _____ Food Vouchers _____ Gift Certificates _____ Toys _____

Christmas Party/Reception: _____ Other: _____

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

Does your conference have a special Christmas collection? _____ Total: _____

Does your conference pay for any of the cost of Christmas assistance? _____

What is the total dollar value of Christmas assistance provided inclusive of conference funds? \$ _____

Please name others who may contribute some or all of the costs of Christmas help (schools, businesses, etc.)

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 09, 2018

Thank-you!