

Benchmark 1A Tracking Sheet for Individuals

Name: _____

Address: _____

Phone: _____ Email: _____

Please complete the following information to meet Benchmark 1A: View the “Thriving in Unity” video in Sunday services or view it online at www.thrivinginunity.org

GENERAL INFORMATION

Date of service(s) when video was shared or when viewed online: _____

FEEDBACK

Please use the lines below to record your impressions of how you received the video and the general mood, shift in perception or understanding, or other relevant information that documents your experience (use additional paper if needed):

How do you see yourself contributing to the vision and action steps shared in this video?

Benchmark 2 Tracking Sheet for Individuals

Name: _____

Address: _____

Phone: _____ Email: _____

Please complete the following information to meet Benchmark 2: View the Thriving Ministries Model workshop video.

GENERAL INFORMATION

Date video viewed: _____

RESULTS

Please use the lines below to record your impressions of the workshop and your general mood, shift in perception or understanding, or other relevant information that documents your experience (use additional paper if needed):

FEEDBACK

Please record your feedback on the following questions (use additional paper if needed):

What were your greatest success and your greatest challenge in viewing the workshop?

Benchmark 3 Tracking Sheet for Individuals

Name: _____

Address: _____

Phone: _____ Email: _____

Please complete the following information to meet Benchmark 3: Define a welcoming practice for you.

GENERAL INFORMATION

Check all elements of welcoming practice you have put in place (items in **bold** are required to receive credit for this benchmark):

- | | |
|--|--------------------------|
| <input type="checkbox"/> Join your church's Hospitality Team. | Date accomplished: _____ |
| <input type="checkbox"/> Study of Bible passages. | Date accomplished: _____ |
| <input type="checkbox"/> Serve as a greeter (min. 6 weeks) | Date accomplished: _____ |
| <input type="checkbox"/> Share Unity: A Path for Spiritual Living
with friends and family | Date accomplished: _____ |
| <input type="checkbox"/> Invite someone new to a service or
event in your church | Date accomplished: _____ |
| <input type="checkbox"/> Other: _____ | Date accomplished: _____ |

RESULTS

Please use the lines below to record your impressions of how achieving this benchmark has impacted you:

FEEDBACK

Please use the space provided on the other side of this form to record your feedback on the following questions (use additional paper if needed):

What were your greatest success and challenge in implementing this benchmark?

How do you feel this benchmark spiritually stretched you?

What other materials would have been helpful for you to have in meeting this benchmark?

Benchmark 4 Tracking Sheet for Individuals

Name: _____

Address: _____

Phone: _____ Email: _____

Please complete the following information to meet Benchmark 4: Use the web to advance your spiritual development

GENERAL INFORMATION

- | | |
|---|--------------------------|
| <input type="checkbox"/> Visit www.unity.org | Date accomplished: _____ |
| <input type="checkbox"/> Listen to at least one radio program on www.Unity.fm | Date accomplished: _____ |
| <input type="checkbox"/> Create a profile on the Unity.fm community space | Date accomplished: _____ |
| <input type="checkbox"/> Visit www.thrivinginunity.org | Date accomplished: _____ |
| <input type="checkbox"/> Visit www.lookforthegood.org | Date accomplished: _____ |
| <input type="checkbox"/> Start a blog and let us know | Date accomplished: _____ |

RESULTS

Please use the lines below to record your impressions of how achieving this benchmark has impacted you:

FEEDBACK

Please use the space provided on the other side of this form to record your feedback on the following questions (use additional paper if needed):

What were your greatest success and challenge in implementing this benchmark?

How do you feel this benchmark spiritually stretched you?

What other materials would have been helpful for you to have in meeting this benchmark?

Benchmark 5 Tracking Sheet for Individuals

Name: _____

Address: _____

Phone: _____ Email: _____

Please complete the following information to meet Benchmark 5: Work with church on an outreach event or create one of your own. Enroll others on a team to help.

GENERAL INFORMATION

Type of event selected: _____

Date event was held: _____

Number of attendees: _____

Number people on your team: _____

RESULTS

Please use the lines below to record your impressions of how achieving this benchmark has impacted you:

FEEDBACK

Please use the space provided on the other side of this form to record your feedback on the following questions (use additional paper if needed):

What were your greatest success and challenge in implementing this benchmark?

How do you feel this benchmark spiritually stretched you?

What did you learn about working with volunteers?

What other materials would have been helpful for you to have in meeting this benchmark?

Benchmark 6 Tracking Sheet for Individuals

Name: _____

Address: _____

Phone: _____ Email: _____

Please complete the following information to meet Benchmark 6: Become a chaplain, join a MasterMind prayer group, or start a new prayer group

GENERAL INFORMATION

Check at least one to receive credit for this benchmark.

- I am already a prayer chaplain in a program with _____ chaplains serving.
- I attended Prayer Chaplain training.
Date / location of training: _____
- I am a member of a MasterMind group or other prayer group with _____ members.
- I started a MasterMind group
Date of first meeting: _____

RESULTS

Please record your impressions of how achieving this benchmark has impacted you (if you have a program already please tell us how the program is going):

FEEDBACK

Please use the space provided on the other side of this form to record your feedback on the following questions (use additional paper if needed):

What were your greatest success and challenge in implementing this benchmark?

How do you feel this benchmark spiritually stretched and spiritually supported you?

What other materials would have been helpful for you to have in meeting this benchmark?

Benchmark 7 Tracking Sheet for Individuals

Name: _____

Address: _____

Phone: _____ Email: _____

Please complete the following information to meet Benchmark 7: Attend and work at least one ministry-wide Spiritual Social Action event or hold your own SSA event. Enroll others on a team to help.

GENERAL INFORMATION

Type of event selected: _____

Date event was held: _____

Number of attendees: _____

Number of people on your team: _____

RESULTS

Please record your impressions of how achieving this benchmark has impacted you:

FEEDBACK

Please use the space provided on the other side of this form to record your feedback on the following questions (use additional paper if needed):

What were your greatest success and challenge in implementing this benchmark?

How do you feel this benchmark spiritually stretched you? How did working with others add to the experience for you?

What other materials would have been helpful for you to have in meeting this benchmark?

Benchmark 8 Tracking Sheet for Individuals

Name: _____

Address: _____

Phone: _____ Email: _____

Please complete the following information to meet Benchmark 8: Attend a book study on one of the two recommended books: *Loving What Is* by Byron Katie or *A New Earth* by Elkhart Tolle. (You may receive credit for previous work if you completed a book study on either of these books since January 2008.)

GENERAL INFORMATION

Book chosen: _____

I joined a book study at my church Date: _____

I facilitated a book study for others Date: _____

I studied the book on my own Date: _____

RESULTS

Please use the lines below to record your impressions of how achieving this benchmark has impacted you:

FEEDBACK

Please use the space provided on the other side of this form to record your feedback on the following questions (use additional paper if needed):

What were your greatest success and challenge in implementing this benchmark?

How do you feel this benchmark spiritually stretched you? How did the book's content fit in with your previous learning? What was most impactful for you?

Did you use the study guides provided? Why or why not? What other materials would have been helpful for you to have in meeting this benchmark?

Benchmark 9 Tracking Sheet for Individual

Name: _____

Address: _____

Phone: _____ Email: _____

Please complete the following information to meet Benchmark 9: Attend peacemaking skills or non-violent communication workshop.

GENERAL INFORMATION

Workshop selected: _____

Date workshop held: _____

Number of participants: _____

RESULTS

Please use the lines below to record your impressions of how achieving this benchmark has impacted you:

FEEDBACK

Please record your feedback on the following questions (use additional paper if needed):

What were your greatest success and greatest challenge in implementing this benchmark?

How do you feel this benchmark spiritually stretched you?

What other materials would have been helpful for you to have in meeting this benchmark?

Benchmark 10 Tracking Sheet for Individual

Name: _____

Address: _____

Phone: _____ Email: _____

Please complete the following information to meet Benchmark 10: Implement the Practice of Thriving Program.

GENERAL INFORMATION

I completed “The Four Spiritual Laws of Prosperity” in a _____ week course.

What was your participation Attend Taught or hosted

Date completed: _____

I read “The Four Spiritual Laws of Prosperity” and completed the study guide on my own.

Date completed: _____

RESULTS

Please use the lines below to record your impressions of how achieving this benchmark has impacted you:

FEEDBACK

Please use the space provided on the other side of this form to record your feedback on the following questions (use additional paper if needed):

What were your greatest success and greatest challenge in implementing this benchmark?

How do you feel this benchmark spiritually stretched you? How has it changed your thinking about practicing forgiveness, goal setting, and tithing regularly? Has it impacted your behavior? How and why or why not?

What other materials would have been helpful for you to have in meeting this benchmark?

Benchmark 11 Tracking Sheet for Individual

Name: _____

Address: _____

Phone: _____ Email: _____

Please complete the following information to meet Benchmark 11: Conduct a Green Personal Facilities Assessment and track your green behaviors.

GENERAL INFORMATION

Which of these green practices did you regularly do from September to April?

- | | |
|--|---|
| <input type="checkbox"/> Recycling | <input type="checkbox"/> Buying energy efficient appliances |
| <input type="checkbox"/> Buying organic foods | <input type="checkbox"/> Driving less / owning a fuel efficient car |
| <input type="checkbox"/> Replacing light bulbs | <input type="checkbox"/> Keeping thermostat higher/lower |
| <input type="checkbox"/> Planting trees/shrubs | <input type="checkbox"/> Purchasing eco-friendly products |
| <input type="checkbox"/> Other: _____ | |

RESULTS

Please use the lines below to record your impressions of how achieving this benchmark has impacted you:

FEEDBACK

Please use the space provided on the other side of this form to record your feedback on the following questions (use additional paper if needed):

What were your greatest success and greatest challenge in implementing this benchmark?

How do you feel this benchmark stretched your awareness? Was knowing you would be tracking your activity helpful in keeping your commitment to taking green action? Why or why not?

What other materials would have been helpful for you to have in meeting this benchmark?

Benchmark 12 Tracking Sheet for Individual

Name: _____

Address: _____

Phone: _____ Email: _____

Please complete the following information to meet Benchmark 12: Attend weekly worship service and class.

GENERAL INFORMATION

Please list the number of services and classes you attended from September-April.

Total number of worship services attended: _____

Total number of classes and workshops attended: _____

RESULTS

Please use the lines below to record your impressions of how achieving this benchmark has impacted you:

FEEDBACK

Please use the space provided on the other side of this form to record your feedback on the following questions (use additional paper if needed):

What were your greatest success and greatest challenge in implementing this benchmark:

How do you think tracking this information assisted you on your journey? Did you find yourself making different decisions, knowing you would be tracking your attendance? Why or why not?

What other ways can you track your activities to bring increased consciousness to them?
