

Benchmark 1A Tracking Sheet

Ministry Name: _____

Address: _____

Thriving in Unity Champion: _____

Phone: _____ **Email:** _____

Please complete the following information to meet Benchmark 1A: Share the “Thriving in Unity” video in Sunday services

GENERAL INFORMATION

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

Service time(s) when video was shared: _____

Estimated total attendance: _____

RESULTS

Please use the lines below to record your impressions of how your congregation 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):

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 the most and least helpful aspects of the lesson themes provided for your use?

Did you use the bulletin insert provided for this benchmark? Why or why not?

What other materials would you liked to have had to assist you in sharing this video?

Benchmark 1B Tracking Sheet

Ministry Name: _____

Address: _____

Thriving in Unity Champion: _____

Phone: _____ **Email:** _____

Please complete the following information to meet Benchmark 1B: Add the “Unity: Two Partners, One Spiritual Movement” video and “Thriving in Unity” video to new members classes.

GENERAL INFORMATION

Date of class(es) when videos were shared: _____

Estimated total attendance: _____

RESULTS

Please use the lines below to record your impressions of how the audience 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):

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 your greatest challenge in sharing these videos?

What other materials would you liked to have had to assist you in sharing these videos?

STRETCH GOAL

Did you complete the stretch goal? If so please describe the results below.

Benchmark 2 Tracking Sheet

Ministry Name: _____

Address: _____

Thriving in Unity Champion: _____

Phone: _____ **Email:** _____

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

GENERAL INFORMATION

Our minister and board viewed the Thriving Ministry Model workshop video

Date and location: _____

Number of people attending: _____

RESULTS

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

FEEDBACK

Please use the space provided to 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?

How do you feel this workshop stretched your leadership team? Will you use any of the information you received? If so how, if not why not?

How did this workshop challenge your thinking as a minister? What changes if any will you make as a result of this workshop?

Benchmark 3 Tracking Sheet

Ministry Name: _____

Address: _____

Thriving in Unity Champion: _____

Phone: _____ Email: _____

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

GENERAL INFORMATION

Check all elements of welcoming practice you have put in place (all items must be accomplished or in place to receive credit for this benchmark):

- | | |
|---|--------------------------|
| <input type="checkbox"/> Hospitality Team in place. | Date accomplished: _____ |
| <input type="checkbox"/> Study of Bible passages. | Date accomplished: _____ |
| <input type="checkbox"/> Facilities Assessment. | Date accomplished: _____ |
| <input type="checkbox"/> Evaluation of facilities. | Date accomplished: _____ |
| <input type="checkbox"/> Determine greeter placement. | Date accomplished: _____ |
| <input type="checkbox"/> Set up welcoming practice. | Date accomplished: _____ |
| <input type="checkbox"/> Welcome packet done | Date accomplished: _____ |
| <input type="checkbox"/> Usher and greeter teams | Date accomplished: _____ |
| <input type="checkbox"/> Info card collection | Date accomplished: _____ |
| <input type="checkbox"/> Follow up plan | Date accomplished: _____ |

RESULTS

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

FEEDBACK

Please use the space provided 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 your volunteers and congregants?

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

Benchmark 4 Tracking Sheet

Ministry Name: _____

Address: _____

Thriving in Unity Champion: _____

Phone: _____ Email: _____

Please complete the following information to meet Benchmark 4: Develop and maintain an up to date web presence.

GENERAL INFORMATION

Reviewed *Contact* articles Date accomplished: _____
 Reviewed web checklist Date accomplished: _____

Established websites
 Completed review of website Date accomplished: _____
 Edited website Date accomplished: _____

New websites
 Completed new website Date accomplished: _____

RESULTS

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

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 your volunteers and congregants?

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

Benchmark 5 Tracking Sheet

Name: _____

Address: _____

Phone: _____ Email: _____

Please complete the following information to meet Benchmark 5: Create a guest outreach event.

GENERAL INFORMATION

Type of event selected: _____

Date event was held: _____

Number of attendees: _____

RESULTS

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

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 did the process of listing names on cards help your event's success? What other ways did you inspire your congregants to reach out to others? Did you encounter resistance within yourself or others? If so, what did you do to overcome it?

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

Benchmark 6 Tracking Sheet

Ministry Name: _____

Address: _____

Thriving in Unity Champion: _____

Phone: _____ **Email:** _____

Please complete the following information to meet Benchmark 6: Identify and train a ministry champion and begin implementing a Chaplaincy program

GENERAL INFORMATION

We already have a prayer chaplain program with _____ chaplains serving.

We sent a champion to be trained. Name: _____

Date / location of training attended: _____

Do you plan to implement a chaplaincy program? Yes _____ No _____

Date for enrollment of volunteers into prayer chaplain program: _____

RESULTS

Please record your impressions of how achieving this benchmark has impacted your ministry (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 your greatest challenge in implementing this benchmark (or program)?

How do you feel this benchmark (or program) spiritually stretched you, your ministry's leadership, volunteers, and congregants?

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

Benchmark 7 Tracking Sheet

Ministry Name: _____

Address: _____

Thriving in Unity Champion: _____

Phone: _____ **Email:** _____

Please complete the following information to meet Benchmark 7: Plan and hold at least one ministry-wide Spiritual Social Action event.

GENERAL INFORMATION

Type of event selected: _____

Date event was held: _____

Number of attendees: _____

RESULTS

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

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, your ministry's leadership, volunteers, and congregants? How did this type of service project vary from other forms of service projects you have done as a ministry?

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

Benchmark 8 Tracking Sheet

Ministry Name: _____

Address: _____

Thriving in Unity Champion: _____

Phone: _____ Email: _____

Please complete the following information to meet Benchmark 8: Hold 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 selected: _____

Date classes held: _____

Number of participants: _____

RESULTS

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

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 your volunteers and congregants?
How did the content support your ministry's development?

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 Ministries

Ministry Name: _____

Address: _____

Thriving in Unity Champion: _____

Phone: _____ **Email:** _____

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

GENERAL INFORMATION

Check at least one item for full benchmark credit.

- We completed the 8-week I of the Storm Course
Dates: _____ Number of participants: _____
- We completed the 8-week (or two 4-week) BePeace Course
Dates: _____ Number of participants: _____

RESULTS

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

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 your volunteers and congregants?

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

Benchmark 10 Tracking Sheet

Ministry Name: _____

Address: _____

Thriving in Unity Champion: _____

Phone: _____ **Email:** _____

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

GENERAL INFORMATION

Board completed in 4 week course Date completed: _____

Congregation Course held: Date completed: _____

Number of participants: Board: _____ Congregation: _____

RESULTS

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

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 your volunteers and congregants?

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

Benchmark 11 Tracking Sheet

Ministry Name: _____

Address: _____

Thriving in Unity Champion: _____

Phone: _____ Email: _____

Please complete the following information to meet Benchmark 11: Conduct a Green Facilities Assessment.

GENERAL INFORMATION

Identified person/team to conduct assessment

Assessment completed Date completed: _____

Report presented to board Date presented: _____

RESULTS

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

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 these findings will impact your ministry's decision-making in the future?

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

Benchmark 12 Tracking Sheet

Ministry Name: _____

Address: _____

Thriving in Unity Champion: _____

Phone: _____ **Email:** _____

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

GENERAL INFORMATION

Write the total worship service and class attendance for each month:

Month	Services	Classes	Month	Services	Classes
September			January		
October			February		
November			March		
December			April		

Total Service Attendance for September-April: _____

Total Class Attendance for September-April: _____

RESULTS

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

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 having this metric helps your ministry's leadership?

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