

CHECK LIST FOR SESSION RECORDS REVIEW

PRESBYTERY OF COASTAL CAROLINA

Name of Church: _____ City: _____

Year being Reviewed: _____ (please use one form for each calendar year) Who was Moderator of Session: _____

Please answer the following questions by checking **Yes** or **No** and providing sample page numbers then bring your completed checklist with the Session's minutes to a review time in your community.

THE SESSION		Yes	No	Page Number Example, Comments or Notations
1.	Is each meeting opened & closed with prayer? (G-3.0105)			
2.	Is a quorum present for each meeting? (G-3.0203)			
3.	Did session hold stated meetings at least quarterly? (G-3.0203)			
4.	Is a budget prepared & adopted annually? (G-3.0205)			
5.	Are periodic reports of all financial transactions made to the session? (G-3.0205c)			
6.	Did session annually provide for a full financial review of all financial books & records? (G-3.0113)			
7.	Are commissioners to Presbytery elected for each meeting, or, preferably, for one year? (G-3.0202)			
8.	Did session receive reports from its commissioners of presbytery? (G-3.0202a)			
9.	Do the minutes reflect "a full & accurate record of its proceedings?" (G-3.0107)			
10.	Are rolls kept of baptized members, active members & affiliate members? (G-3.0204a)			
10A.	Date of last active membership roll review? _____ / _____ / _____ If action taken were names recorded in session minutes? (G-3.0204a)			
10B.	Are register lists of baptisms (G-3.0201b and W-3.0403) and marriages (W-4.0602), both requiring session approval, ruling elders, deacons and installed pastors with dates of service, and such other registers as the session may deem necessary kept up to date? (G-3.0204b)			
11.	Does the session have a Manual of Administrative Operations that addresses the following issues? (G-3.0106)			
11A.	The definition of a quorum for Congregational Meetings? (G-1.0501)			
11B.	Is the "minimum notification" for Congregational Meeting defined? (G-1.0502)			
11C.	Is the length of the term of office for the Clerk of Session defined? (G-3.0104)			
11D.	Is the length of the term of office for the Treasurer defined? (G-3.0205)			
11E.	Is a procedure in place to assure that all offering shall be counted & recorded by at least two duly appointed persons or by one fidelity bonded person? (G-3.0205a)			
11F.	Are the financial books & records open at reasonable times to all persons authorized by the session?(G-30205b)			
11G.	Are committees of the session listed & their duties described along with who is eligible to serve, how many members are appointed & the length of service? (G-3.0109)			
11H.	Does the session have a sexual misconduct policy, and a youth, child and vulnerable adult protection policy? (G-3.0106)			
12.	Has the session taken actions consistent with G-3.0202b-f that will be for the good of the whole church? (G-3.0202)			

THE CONGREGATION		Yes	No	Page Number Example, Comments or Notations
13.	Did the congregation hold an annual meeting, & was a quorum determined to be present? (G-1.0501)			
14.	Did the congregation provide for election of a Nominating Committee? (G-2.0401)			
15.	Did the congregation elect church officers? (G-2.0401)			
16.	Did the Session instruct, examine, ordain, & install officers? (G-2.0402)			
17.	Is the congregation incorporated? (G-4.0101) If yes – approx. date:			
18.	Who is designated as trustees of the Corporation? (G-4.0102) ___The Session ___A Separate Body			
PRESBYTERY'S RECOMMENDATIONS		Yes	No	
19.	Are called & stated meetings of the session so indicated?			
20.	Are the minutes of session meetings signed by the Clerk of Session?			
21.	Do the minutes of session reflect the approval of the Annual Statistical Report?			
22.	Has the Session considered the Presbytery's Shared Mission request?			
23.	Are called and annual meetings of the congregation so indicated?			
24.	Are the minutes of congregational meetings signed by the Secretary & the Moderator?			
25.	Is the name of the church on the front of the session records book?			

Name of current Clerk of Session: _____ Email Address: _____

Address of Clerk: _____ Telephone: _____

Signature of Person Completing this form: _____

FOR USE BY SESSIONAL RECORDS COMMITTEE ONLY - DO NOT WRITE BELOW THIS LINE

EXAMINER NAME:		DATE OF REVIEW:	
APPROVED	<input type="checkbox"/>	APPROVED WITH EXCEPTION	<input type="checkbox"/>
		DISAPPROVED	<input type="checkbox"/>

Reviewer's Comments: