

LIVING STONES

Worship Band Member Accountability Form

Name: _____ Date: _____

Accountability partner for this term: _____

	Need Help	Stable
PART 1: How are you doing in the following areas in the past week?		
1. Your consistency in satisfying personal devotions:	1 2 3 4 5 6 7 8 9	
2. Your battling against ungodly thoughts (unbelief, bitterness, resentment, lust, pride, jealousy, covetousness, racism, etc.)	1 2 3 4 5 6 7 8 9	
3. Your energy for the week ahead.	1 2 3 4 5 6 7 8 9	
4. Your feelings of effectiveness in your leadership/ministry role.	1 2 3 4 5 6 7 8 9	
5. How is your family/relational joy and harmony?	1 2 3 4 5 6 7 8 9	
6. Assess your eating and exercise this past week.	1 2 3 4 5 6 7 8 9	
7. Assess the time you spent this week recharging and resting.	1 2 3 4 5 6 7 8 9	
8. Asses your engagement with the LS strategy of ministry. (Attending worship gatherings, being active in a community group, giving, etc.)	1 2 3 4 5 6 7 8 9	

PART 2: In the past week:

Have I communicated or been with a man or woman in a way that could be viewed as compromising?	Yes	No
Have any of my financial dealings failed to be filled with integrity?	Yes	No
Have I viewed sexually explicit material?	Yes	No
Have I neglected to give appropriate time to my family?	Yes	No

Is there any thing that you would like me or the pastoral staff to pray with you about or hold you accountable for or rejoice over (significant stresses, temptations, or joys)?