

Johnson O'Malley Program Meeting Minutes Form

Date: ____/____/____

Type of Meeting: _____

Location of Meeting: _____

Time Meeting Called to Order: _____ a.m. / p.m. (Circle One)

Meeting Called to Order by: _____ Title: _____

Prayer Conducted by: _____ (Optional)

Attendees Names: *(Note: Officers put their title next to their name)*

- | | |
|-----------|-----------|
| 1. _____ | 11. _____ |
| 2. _____ | 12. _____ |
| 3. _____ | 13. _____ |
| 4. _____ | 14. _____ |
| 5. _____ | 15. _____ |
| 6. _____ | 16. _____ |
| 7. _____ | 17. _____ |
| 8. _____ | 18. _____ |
| 9. _____ | 19. _____ |
| 10. _____ | 20. _____ |

Quorum established (circle one): YES / NO

REPORTS

Report: _____

Reported by: _____ Title: _____

Report: _____

Reported by: _____ Title: _____

Report: _____

Reported by: _____ Title: _____

Report: _____

Reported by: _____ Title: _____

UNFINISHED BUSINESS

Unfinished Business: _____

Motion Made Is To: _____

Motion Is Made By: _____ Second Is By: _____

Vote: _____ For _____ Against _____ Abstained

Motion: (check one) Carries Fails Other: _____

Unfinished Business: _____

Motion Made Is To: _____

Motion Is Made By: _____ Second Is By: _____

Vote: _____ For _____ Against _____ Abstained

Motion: (check one) Carries Fails Other: _____

NEW BUSINESS

New Business: _____

Motion Made Is To: _____

Motion Is Made By: _____ Second Is By: _____

Vote: _____ For _____ Against _____ Abstained

Motion: (check one) Carries Fails Other: _____

New Business: _____

Motion Made Is To: _____

Motion Is Made By: _____ Second Is By: _____

Vote: _____ For _____ Against _____ Abstained

Motion: (check one) Carries Fails Other: _____

ANNOUNCEMENTS

Announcement: _____

Made by: _____ **Title:** _____

Announcement: _____

Reported by: _____ **Title:** _____

Announcement: _____

Reported by: _____ **Title:** _____

Announcement: _____

Reported by: _____ **Title:** _____

Next Meeting Information

Next Meeting Location: _____

Date: ____/____/____ Time: _____ a.m. / p.m. (Circle One)

Next Meeting Expense Check Should Be Made To: _____

Address: _____ City: _____ State: _____

Zip: _____ Tel. #: _____ Fax #: _____

Adjournment Motion

Motion Is Made By: _____ Second Is By: _____

Time: _____ am/pm

Vote: _____ For _____ Against _____ Abstained

Motion: (check one) Carries Fails Other: _____

Signature of Secretary: _____

By signing this document I am attesting that everything herein is factual and true to the best of my knowledge.

Note: *Attach all other documents, sign-in sheet form, receipts and others necessary for reimbursements or other action by the JOM staff Services Johnson O'Malley Program staff to this form before submitting. Keep a copy of all documents for your IEC files.*