



MINISTRY SUPPORT FORM

Complete the form below and submit it to the Department Head.

GENERAL INFORMATION

Event Name:			Event Date:		
Date:	Service:	Campus:			
		<input type="checkbox"/> Admin & Ministry Center	<input type="checkbox"/> Central	<input type="checkbox"/> East	<input type="checkbox"/> North
		<input type="checkbox"/> South	<input type="checkbox"/> West	<input type="checkbox"/> Other: _____	
Ministry:			Ministry Leader:		

REQUESTED MINISTRIES

<p>Christian Maturity</p> <input type="checkbox"/> Communications Team <input type="checkbox"/> Curriculum Team <input type="checkbox"/> Logistics Team <input type="checkbox"/> Registration Team <input type="checkbox"/> Teacher/Teacher Assistant	<p>Family Life & Empowerment</p> <input type="checkbox"/> Business Network <input type="checkbox"/> Family Enrichment <input type="checkbox"/> Financial Empowerment <input type="checkbox"/> Marriage <input type="checkbox"/> Men <input type="checkbox"/> Political Information <input type="checkbox"/> Singles <input type="checkbox"/> Women	<p>Media & Communications</p> <input type="checkbox"/> Graphic Design <input type="checkbox"/> Marketing/Advertising <input type="checkbox"/> Photography <input type="checkbox"/> Publications <input type="checkbox"/> Social Media <input type="checkbox"/> Sound Engineering <input type="checkbox"/> SWK Ministries <input type="checkbox"/> Video/TV	<p>Office of the Pastor</p> <input type="checkbox"/> Administrative Support <input type="checkbox"/> Culinary <input type="checkbox"/> Diaconate <input type="checkbox"/> Facilities Support <input type="checkbox"/> Ministers <input type="checkbox"/> Special Events <input type="checkbox"/> Count Team
<p>Congregational Care</p> <input type="checkbox"/> Hospital Visitation <input type="checkbox"/> Intercessory Prayer <input type="checkbox"/> Spiritual Guidance <input type="checkbox"/> Transition of Life	<p>Health And Wellness</p> <input type="checkbox"/> Recreation <input type="checkbox"/> Health Education <input type="checkbox"/> Mental Health	<p>Music & Sacred Arts</p> <input type="checkbox"/> Band <input type="checkbox"/> Dance <input type="checkbox"/> Mass Choir <input type="checkbox"/> Mime <input type="checkbox"/> S.T.E.P. <input type="checkbox"/> Theater <input type="checkbox"/> _____	<p>Worship Support</p> <input type="checkbox"/> Adult Ushers <input type="checkbox"/> Hospitality <input type="checkbox"/> Medical Response <input type="checkbox"/> Men Ushers <input type="checkbox"/> Nurses <input type="checkbox"/> Parking <input type="checkbox"/> Security <input type="checkbox"/> Spiritual Hands <input type="checkbox"/> Women Ushers <input type="checkbox"/> Youth Ushers
<p>Evangelism & Outreach</p> <input type="checkbox"/> Benevolence <input type="checkbox"/> Foreign & Global Missions <input type="checkbox"/> Giving Tree <input type="checkbox"/> Mission <input type="checkbox"/> My Brother's Keeper <input type="checkbox"/> No Soul Left Behind <input type="checkbox"/> Prison <input type="checkbox"/> Street Team	<p>IMPACT Youth</p> <input type="checkbox"/> ALTARed <input type="checkbox"/> Ascension <input type="checkbox"/> AWANA <input type="checkbox"/> Baby Spot <input type="checkbox"/> EQUIP <input type="checkbox"/> IMPACT Youth Council <input type="checkbox"/> Mentoring <input type="checkbox"/> Mime <input type="checkbox"/> Outreach <input type="checkbox"/> PromiseLand <input type="checkbox"/> Security Cadets <input type="checkbox"/> Youth Media	<p>New Members</p> <input type="checkbox"/> Baby Dedication <input type="checkbox"/> Baptism <input type="checkbox"/> Decision Time <input type="checkbox"/> First Impressions	

NOTES

(Specify quantities of staffing, hours of service and attire)