

**2016/2017 MINISTRY LEADERS REPORT**

**SECTION I: MINISTRY INFORMATION**

**Ministry Name:** \_\_\_\_\_

**Chairperson/President:** \_\_\_\_\_

**Co-Chairperson/Vice-President:** \_\_\_\_\_

**SECTION II: CONTACT INFORMATION FOR PERSON WHO COMPLETED THIS FORM**

**Name:** \_\_\_\_\_ **Contact Number:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**SECTION III: ACCOMPLISHMENTS FOR 2016/2017**

Please share two highlights of ministry accomplishments related to the church priority of Community Outreach.

Ministry Highlight #1 \_\_\_\_\_

Ministry Highlight #2 \_\_\_\_\_

**Section IV**

Describe the activity your ministry will engage in to support the church priority of Evangelism and the Word.

Proposed Date: \_\_\_\_\_

Proposed Start Time \_\_\_\_\_ Proposed Ending Time \_\_\_\_\_

Description of Activity: \_\_\_\_\_

Connect People to Christ: \_\_\_\_\_

Action Steps: \_\_\_\_\_

Space Requirements: \_\_\_\_\_

Financial Support Required: \_\_\_\_\_

Complete this section if your Ministry Action plan Requires a second activity

Proposed Date: \_\_\_\_\_

Proposed Start Time \_\_\_\_\_ Proposed Ending Time \_\_\_\_\_

Description of Activity: \_\_\_\_\_

Connect People to Christ: \_\_\_\_\_

Action Steps: \_\_\_\_\_

Space Requirements: \_\_\_\_\_

Financial Support Required: \_\_\_\_\_

**SECTION V: EVENTS/ACTIVITIES FOR 2018**

Request any date you require for ministry related activity such as ministry fellowship, youth ministry, monthly activities, etc.

Proposed Date: \_\_\_\_\_

Proposed Start Time \_\_\_\_\_ Proposed Ending Time \_\_\_\_\_

Event / Activity Name: \_\_\_\_\_

Description of Event / Activity:

What is the goal of this Event / Activity? \_\_\_\_\_

What are the desired outcomes? \_\_\_\_\_

Who are you trying to reach? \_\_\_\_\_

What Pre-Evangelism Activity will occur? \_\_\_\_\_

How does this event support our church priority of Evangelism and the Word? \_\_\_\_\_

Proposed guest speaker(s)/teacher(s): \_\_\_\_\_

Post event Action(s): \_\_\_\_\_

Additional Information: \_\_\_\_\_

Support Services: (Check appropriate box for required services)

Media Support: \_\_\_\_\_

Room set-up/Space Requirements: \_\_\_\_\_

Culinary: \_\_\_\_\_

Hospitality: \_\_\_\_\_

First Aid: \_\_\_\_\_

Security: \_\_\_\_\_

Miscellaneous: \_\_\_\_\_

Financial Support Required: \_\_\_\_\_

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Proposed Start Time \_\_\_\_\_ Proposed Ending Time \_\_\_\_\_

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Security: \_\_\_\_\_

Miscellaneous: \_\_\_\_\_

Financial Support Required: \_\_\_\_\_



**SECTION V: EVENTS/ACTIVITIES FOR 2018 - Addendum**

(Complete this section only for additional events and activities)

Proposed Date: \_\_\_\_\_

Proposed Start Time \_\_\_\_\_ Proposed Ending Time \_\_\_\_\_

Event / Activity Name: \_\_\_\_\_

Description of Event / Activity:

What is the goal of this Event / Activity? \_\_\_\_\_

What are the desired outcomes? \_\_\_\_\_

Who are you trying to reach? \_\_\_\_\_

What Pre-Evangelism Activity will occur? \_\_\_\_\_

How does this event support our church priority of Evangelism and the Word? \_\_\_\_\_

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Post event Action(s): \_\_\_\_\_

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Hospitality: \_\_\_\_\_

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Miscellaneous: \_\_\_\_\_

Financial Support Required: \_\_\_\_\_

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(Complete this section only for additional events and activities)

Proposed Date: \_\_\_\_\_

Proposed Start Time \_\_\_\_\_ Proposed Ending Time \_\_\_\_\_

Event / Activity Name: \_\_\_\_\_

Description of Event / Activity:

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What are the desired outcomes? \_\_\_\_\_

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Miscellaneous: \_\_\_\_\_

Financial Support Required: \_\_\_\_\_



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