

### Ministry Engagement Form

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

**Date:** \_\_\_\_\_

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

**Tel:** \_\_\_\_\_

**Department (s):** \_\_\_\_\_

**Event Type:**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Worship Service/Concert  | <input type="checkbox"/> Training Seminar      | <input type="checkbox"/> Departmental Meeting |
| <input type="checkbox"/> Outreach/Community Event | <input type="checkbox"/> Field Trip (Off-site) | <input type="checkbox"/> Other: _____         |

**Description of the Event:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Rationale for the Event:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Area(s) Requested:** *(rooms subject to availability)*

- |  |  |                                      |   |   |
|--|--|--------------------------------------|---|---|
| <input type="checkbox"/> Sanctuary       | <input type="checkbox"/> Classroom A   | <input type="checkbox"/> Classroom B | <input type="checkbox"/> Classroom C    | <input type="checkbox"/> Mother's Room    |
| <input type="checkbox"/> Fellowship Hall | <input type="checkbox"/> Overflow Area | <input type="checkbox"/> Kitchen     | <input type="checkbox"/> Pastor's Study | <input type="checkbox"/> Parking Lot Area |

**Proposed Date:** 1<sup>st</sup> Choice: \_\_\_\_\_ 2<sup>nd</sup> Choice: \_\_\_\_\_ Time: \_\_\_\_\_

**Ministry Support Services:** *(Please indicate if you will need assistance from any of the following departments. Please understand that support is based on availability)*

- |                                       |   |   |   |                                      |
|---------------------------------------|---|---|---|--------------------------------------|
| <input type="checkbox"/> Audio Visual | <input type="checkbox"/> Deacons/Deaconess  | <input type="checkbox"/> Usher's            | <input type="checkbox"/> Greeters         | <input type="checkbox"/> Hospitality |
| <input type="checkbox"/> Pastoral     | <input type="checkbox"/> Clerk's Department | <input type="checkbox"/> Custodial Services | <input type="checkbox"/> Social Committee |                                      |

**Budgetary Needs for Event:** \_\_\_\_\_

\_\_\_\_\_

Will you fundraise or use private donations to support the financial costs of this event?  Yes  No

Will funds be raised at this event?  Yes  No

Departmental Head Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Administrative Elder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Ministry Engagement Guidelines

1. All requests for events other than departmental meetings are due to the clerk at least **45** days prior to the event.
2. All departmental requests must first be reviewed by the Administrative Elder for your ministry section.
3. Departmental meeting requests must be made at least by **Tuesday 5:00 p.m.** for meetings on Saturday and Sunday.
4. Requests for specific rooms and funds are based on availability.
5. All requests for events which take place during worship service on Saturday mornings **MUST** be approved by the Pastor prior to submitting these forms at least 90 days prior to the event.
6. All personal requests (non-departmental) for use of the New Life sanctuary or fellowship hall needs to be submitted using an alternate method as determined by the business manager, Elder Olson Latouche.
7. All events that require travel away from New Life require church board approval. You must submit agenda items to the Pastor at least **one (1) week** before Board meeting.
8. All financial/budget requests need to be cleared by the Treasurer/Business Manager prior to the request coming to the church board meeting.
9. To request support from other ministry teams, you must fill out the appropriate supplemental forms attached to this form.

Please submit completed forms electronically or in person to **each** of the following individuals:

David Defoe, Pastor – [didefoe@me.com](mailto:didefoe@me.com)

Yvette Albert, Church Clerk – [zealbertz@hotmail.com](mailto:zealbertz@hotmail.com)

Mark Brown, First Elder – [mbrown20332@verizon.net](mailto:mbrown20332@verizon.net)

**Supplemental Form- Audio Visual**

*(This form must be submitted to the AV leader at least 30 days prior to the proposed event)*

Contact Person: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Requesting Department (s): \_\_\_\_\_

**Date of Event:** \_\_\_\_\_

**Location of the Event:**     Sanctuary             Fellowship Hall             Other: \_\_\_\_\_

**Type of Event:**    Concert    Worship Service    Training/Seminar     Other: \_\_\_\_\_

Will you like the event to be recorded?     Yes    No

Will you have vocal tracks or music to be played?    Yes    No *(must be on CD)*

Will you have PowerPoint or video that will need to be shown?    Yes    No

Will you be using/bringing your personal computer?    Yes    No

How many microphones will be needed for participants? \_\_\_\_\_ (8 max)

Will you like to have the lapel microphone available?    Yes    No

Additional Information you think we may need to know: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

*Note: For some events there may be a cost associated with scheduling the AV technician, and is left to the discretion of the AV Leader.*

Please attach any order of service or details of the program format to this form.