

## **Ministry Description for On-Going Ministry**

Ministry Title (name by its function) \_\_\_\_\_

Name and title of contact person \_\_\_\_\_

Phone number \_\_\_\_\_ e-mail \_\_\_\_\_

Staff supervisor \_\_\_\_\_

Signature of person completing form \_\_\_\_\_ date \_\_\_\_\_

**Ministry Purpose** (describe briefly why this ministry is important to the life of the parish):

+Attach any written structure regarding your group: mission statement, by-laws, guiding principles, covenant.

**List of basic tasks and responsibilities to be performed:**

**Gifts, strengths, skills to be used/developed:**

**How will the spiritual needs of members be met by this ministry?**

**Training resources:**

**Training is provided by:**

**What is the personal time commitment, including training and meetings:**

**Is there a specific term of service; how long is it?**

**Is there a rotation of leadership?**

**What facilities will be needed to continue this ministry?**

**What days and times for meeting?**

**Are you planning any large events? Name an event \_\_\_\_\_**

**Is membership in this ministry open to all who are interested? Is there a process of being elected or invited or appointed?**

**Please describe:**

**Does the group have the members it needs? How many members would the group like to add?**

**Names and responsibilities of members in this ministry?**

+ (On another paper, please include the names of current members, the responsibility he/she has to the group, an e-mail and phone number. Attach to this form.)

\_\_\_\_ Responsibility of the Keys    Main contact person \_\_\_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_\_  
\_\_\_\_ Chair or Leader of Group    Name \_\_\_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_\_  
\_\_\_\_ members:

**What is the plan to keep your environment safe? Include Safe Environment practices.**

**What is your plan to practice good stewardship?**

**Are there any physical limitations to doing this ministry?**

**Do you report to any organization other than the parish?**

**To Whom?**

**Are there other groups you want to partner with for events offered the whole parish?**

**What financial resources are needed for training?**

**For the growth of your ministers?**

**For the benefit you give to the parish?**

**+COMPLETE AND RETURN TO:** MARY ANN SMITH, PARISH MINISTRY CENTER, 314 SOUTH 4<sup>TH</sup> STREET, RENTON, WA 98057

By NOVEMBER 1, 2013 (date)

**For Staff use only**

Date the ministry description first created:

Date the ministry description will be evaluated:

\_\_\_ Key needed \_\_\_ Purchase of ministry resources \_\_\_ ministry involves children or youth

\_\_\_ ministry involves other vulnerable populations \_\_\_ Driving others involved \_\_\_ meal service is involved

\_\_\_ A covenant is promoted