

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 4TH 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