Please complete this form as the first step in the consideration of a new ministry or activity supported by Seagate Evangelical Church.

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| **Personal Details**  |
| **Name**: |  |
| **Phone number**: |  |
| **Email**: |  |
| **Church member**: | Yes 🞏 No 🞏 |
|  |
| **Describe the new ministry / activity idea**: |
|  |
| **What need are you aiming to meet with this ministry**? |

|  |  |
| --- | --- |
| **When would it take place**: |  |
| **Where**: |  |
| **Regularity**: |  |
|  |
| **Do you have any previous experience relevant to this ministry**? |
|  |
| **Do you have anyone in mind to help you?** |
|  |
| **What support do you need from the Elders?**  |