



*Mission Statement: To make disciples of Jesus Christ by connecting people to God, to the Word, to people, and to service*

## MINISTRY PROGRAM/EVENT PROCESS FLOW

PROGRAM OR EVENT MUST BE APPROVED 30 DAYS PRIOR TO REQUESTED DATE



### Additional Notes:

- The Churchwide Ministry Program Event Form - Part I and II are fillable forms. Electronic signatures/approvals will be accepted.
- Marketing materials and announcements for events must be submitted for review once program/event has been approved.
- Approved overhead announcements must be received by the church office *no later than* Tuesday at noon prior to the Sunday requested.
- Any external guest speakers require Pastor Carter's approval.
- Only members of the Trustee Ministry and Director of Church Operations are authorized to sign contracts on behalf of the church.
- **Churchwide Ministry Program Event Form - Part II** addresses Facilities set up, Media & Technology needs and Our Daily Bread Food services. Additional consultation with these ministries may be required.



# MINISTRY DEVELOPMENT

## CHURCHWIDE MINISTRY PROGRAM/EVENT FORM

### PART I - FINAL APPROVALS REQUIRED 30 DAYS PRIOR TO PROGRAM/EVENT DATE

#### **PROGRAM/EVENT OVERVIEW**

MINISTRY NAME: \_\_\_\_\_ EVENT NAME: \_\_\_\_\_

BRANCH CONVENER: \_\_\_\_\_ MINISTRY LEADER(S): \_\_\_\_\_

PROPOSED DATE(S): \_\_\_\_\_ PROPOSED LOCATION: \_\_\_\_\_

MINISTRY FOCUS: \_\_\_\_\_ PROPOSED SPEAKER(S): \_\_\_\_\_

EXPECTED ATTENDANCE: \_\_\_\_\_ \*PROPOSED BUDGET: \_\_\_\_\_

*\*Your Ministry Branch Trustee is available to assist you in developing a break-even budget. Only members of the Trustee Ministry and Director of Church Operations are authorized to sign contracts on behalf of the church.*

#### **SERVICES REQUIRED** (check all that apply)

*Please also submit PART II form once program/event has been approved*

\_\_\_\_ **Marketing:** Social Media, Worship Guide, Announcements, Email Alerts, Calvary Connection, etc.

\_\_\_\_ **Media & Technology**

\_\_\_\_ **Kitchen/Our Daily Bread**

\_\_\_\_ **Facilities**

\_\_\_\_ **Ushers**

\_\_\_\_ **Transportation**

\_\_\_\_ **Parking**

#### **MINISTRY/TRUSTEE CONTACTS**

**MINISTRY COORDINATORS - REV. SELINA CARTER AND SIS. REGENIA MOORE-LEE**

MINISTRY BRANCH	BRANCH CONVENERS	TRUSTEE LIAISON
FAITH FORMATION	Sis. Carolynne Hopkins, Bro. Irving Ford	Bro. Tom Murphy
HEALTH & HEALING	Rev. Samaria Tillman, Sis. Lucretia Agee	Bro. Van Thompson
LIFE CYCLE (ADULT)	Min. Valerie Elaine Williams, Bro. M. Vernon Rowe Jr.	Sis. Cynthia Stallings
LIFE CYCLE (YOUTH)	Min. Sean Lewis Sis. Donna Monroe	Bro. Josh Cochran, Sis. Denise Hutchinson
SERVICE	Rev. Herman Scott, Bro. Alphonso Croom	Bro. Van Thompson
WITNESS & MISSION	Min. Chris Hill, Sis. Michele Riley	Sis. Lois Hubert, Sis. Linda Murphy
WORSHIP & FINE ARTS	Bro. Ken Brown, Sis. Regenia Moore-Lee	Sis. Denise Hutchinson, Bro. Al Lee, Sis. Cynthia Stallings

#### **REQUIRED APPROVALS**

Reviewed by Branch Convener:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Reviewed by Trustee Liaison:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Approved by Ministry Coordinator:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



# MINISTRY DEVELOPMENT

## CHURCHWIDE MINISTRY PROGRAM/EVENT FORM

**PART II - COMPLETE AND SUBMIT 30 DAYS PRIOR TO PROGRAM/EVENT DATE**

MINISTRY NAME:  MINISTRY CONTACT:

EMAIL:

CELL:  ALTERNATE NUMBER:

CURRENT DATE:  EVENT DATE:

EVENT NAME:  Program Theme:

EVENT START TIME:

EVENT LOCATION: ☐ Sanctuary ☐ MJFH ☐ Chapel  
☐ Other (please specify):

### **MTM - MEDIA & TECHNOLOGY (check all that apply)**

EQUIPMENT NEEDS: ☐ Microphone # Needed ☐ Projector ☐ Projector Screen ☐ TV/VCR  
☐ TV/DVD ☐ Other

SOUND SYSTEM COVERAGE: ☐ Power up Media Equipment ☐ Microphone Sound Check

LENGTH OF TIME FOR MEDIA SUPPORT: Set-up Time:  End Time:

### **SPECIAL CUEING/TIMING SUPPORT DURING EVENT:**

☐ Play CD ☐ Track # ☐ Show DVD--Start Time:   
☐ Display PowerPoint ☐ Display Skit Video

RECORDING: ☐ CD (Audio) ☐ DVD (Audio Video)

SUMMARY OF MEDIA BUDGET INFORMATION:

### **FACILITIES (check all that apply)**

EQUIPMENT REQUIRED: ☐ Podium ☐ Dry Eraser Board ☐ Tables & Chairs: # of Tables:  #Chairs:   
☐ Chairs Only: # Chairs:

SET-UP DESCRIPTION—DIAGRAM BELOW: ☐ Dining Room Style ☐ Calvary Rectangular Tables

☐ Cocktail Tables\* ☐ Round Tables\*

MEETING: ☐ Classroom Style ☐ Theater Style ☐ U-Shape ☐ T-Shape

*\*\* Additional fee for Round and Cocktail Tables \*\**

SUMMARY OF FACILITIES BUDGET INFORMATION:

### **OUR DAILY BREAD FOOD SERVICES (select options)**

#### **BREAKFAST OPTIONS**

Continental (coffee, tea, juice, pastry)  
Hot buffet (eggs, bacon/sausage, grits, biscuits, coffee, tea, juice)  
Other

#### **DINNER - BUFFET OR PLATED OPTIONS**

Entree (Select Chicken or Beef or Pork or Pasta)  
Vegetable (Select String Beans, Vegetable Medley, Peas)  
Bread (Select Assorted Dinner Rolls or French Bread)  
Beverage (Select Tea, Punch or Lemonade)  
Dessert (Select Chocolate Layer Cake, Pound Cake, Sheet Cake)  
Other

#### **LUNCH OPTIONS**

Lite: Sandwiches & Salad  
Hot Buffet (Select Chicken or Beef or Pasta)  
Beverage (Select Tea or Punch or Lemonade)  
Dessert (Select Chocolate Layer Cake, Pound Cake, Sheet Cake)  
Other

#### **LIGHTER FARE OPTIONS (SNACKS & BEVERAGES)**

Cookies Hot Hors'd'oeuvres Granola Bars  
Cheese & Crackers Fruit Yogurt  
Beverage (Select Coffee or Tea or Juice or Water)  
Other

**MAHALLA JACKSON FELLOWSHIP HALL (MJFH)  
PLEASE SKETCH YOUR SET-UP BELOW**

*Exit Toward*  
**WELLSPRING WELLNESS  
CENTER**

**KITCHEN**

**MLK ENTRANCE**

**WILLOW STREET ENTRANCE**