



ST. MATTHEW'S  
EPISCOPAL CHURCH

# OUTREACH MINISTRY REQUEST

REACHING OUT AS CHRIST'S HANDS

New or  Existing

Outreach Ministry Name

Date Submitted

## CONTACT PERSONS/LEADERS

Name

Phone #

Email

Name

Phone #

Email

## MISSION STATEMENT OF MINISTRY

**MINISTRY OBJECTIVE:** What does this ministry want to do?

What is the anticipated impact on St. Matthew's?

What is the anticipated impact on the community?

## RESOURCES NEEDED FROM ST. MATTHEW'S

Number of Parishioners (include leaders and participant volunteers)

Funds How much annually?

For what purpose?

Facility Use

Item Donation

**PROCESS:** How does a parishioner/newcomer get involved or join this effort? (Be specific. Use the back of this sheet if necessary)

Are there opportunities for multi-generational participation?  Yes  No Is there a succession plan?  Yes  No

THIS REQUEST is for

One Time Event

Recurring Event

(ie, monthly, quarterly, etc)

Please return to the "OUTREACH BOX" in the church office.

