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

|  |  |
| --- | --- |
| **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?** | |