

New Ministry Proposal



WESTWOOD
BAPTIST CHURCH

Please complete the information on this form and return to the Executive Staff or ministry head responsible. All new ministries must meet with Executive Staff approval and align with the vision and purposes of Westwood Baptist Church.

Name of ministry if available yet: _____

Purpose Statement: _____

Additional description if needed: _____

How will this help the church achieve its mission? _____

Potential Director of Ministry: _____

Phone: Day: _____ Night: _____ Email: _____

Proposal Submitted by: (Same) _____

Phone: Day: _____ Night: _____ Email: _____

Ministry Category: (check all possibilities)

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Administration & Support | <input type="checkbox"/> Children | <input type="checkbox"/> Discipleship | <input type="checkbox"/> Facilities |
| <input type="checkbox"/> Food Services | <input type="checkbox"/> Guest Services | <input type="checkbox"/> Men's Min. | <input type="checkbox"/> Missions Ministry |
| <input type="checkbox"/> New Member Ministry | <input type="checkbox"/> Outreach Min. | <input type="checkbox"/> Pastoral Min/Coun | <input type="checkbox"/> Prayer Ministry |
| <input type="checkbox"/> Preschool | <input type="checkbox"/> Recreation | <input type="checkbox"/> Senior Adults | <input type="checkbox"/> Small Groups |
| <input type="checkbox"/> Student Ministry | <input type="checkbox"/> Support Groups | <input type="checkbox"/> Volunteer Ministry | <input type="checkbox"/> Women's Ministry |
| <input type="checkbox"/> Worship Ministry | <input type="checkbox"/> Affiliate Ministries | | |

Proposed Staff Representative: _____

Participation Expectations of Church Staff: _____

- Required for success of ministry Verbal support and publicity only No participation required

If this ministry will involve scheduled meetings, please answer the following: (check all that apply)

- Weekly Monthly Bi-monthly Quarterly Semi-annually Annual As needed
 During school year Year-round Other: _____
 Preferred day of week? _____
 Preferred time of meeting? _____ (Length: _____)

How many people do you anticipate involving in this ministry?

As Leaders: _____ As participants only: _____

What resources do you anticipate needing?

- Child care Audio equipment Video equipment Meeting space Transportation
 Food services: please describe: _____
 Other resources: _____
 Publicity: Weekly bulletin Newsletter Mailouts Web Email service

Annual Anticipated Budget: \$ _____ Funding sources: _____

Anticipated expenses: _____

Proposed Training Opportunities for Volunteers: _____

Anticipated Start Date: _____

Other than staff and council approval and publicity, what needs to happen before this ministry begins?

Other volunteer leadership needs: _____

Will this ministry function under the authority of Westwood Baptist Church? _____

Yes No I understand that all ministry and event dates must be approved in advance and placed on the church calendar.

Yes No I understand that the church will not be held liable for financial indebtedness incurred outside of established policies and procedures.

Yes No I understand that the leaders of the church are responsible to God for the overall effectiveness of the church, and must sometimes make decisions which may adversely affect this particular ministry.

Yes No I understand that any fundraising efforts or appeals for money, if allowed, must be approved in advance by the church administrator.

Yes No I understand that I may not assign work to church personnel without the permission of my staff supervisor.

Signed

Date

Staff Use Only:

Request Status: Accepted Denied More information needed

Comments: _____

Ministry Status: 1 – 2 – 3

Staff Supervisor Assigned: _____