

Forms

This section contains helpful forms that you can use in your organization. They cover a wide range of uses, from employment applications to supply request forms. Use as many of these forms as you wish, adapting them to your specific needs.

Benevolence Ministry Personal Assistance Questionnaire

GENERAL INFORMATION

Name _____ Date of Birth _____

Address _____

City, State, Zip _____ Telephone _____

Last two addresses: How long there? Landlord/mortgage holder name/address/phone

List all other persons in household and their dates of birth:

_____	Date of Birth _____
_____	Date of Birth _____
_____	Date of Birth _____
_____	Date of Birth _____
_____	Date of Birth _____

If married, how long? _____

List relatives in immediate area (also list nearest relative not in the immediate area):

<u>Name</u>	<u>Address</u>	<u>Phone</u>	<u>Christians? Y/N</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Which relatives can help? Financial? Living quarters? How else?

Employer _____

Two previous employers:

<u>Name</u>	<u>Address</u>	<u>Phone</u>	<u>From/To</u>
_____	_____	_____	_____
_____	_____	_____	_____

Type of work qualified/trained to do _____

Are you a Christian? _____ If yes, how do you know? _____

Previous church attended: Why did you leave?

FINANCIAL INFORMATION

Are you receiving financial help now? _____ If so, from whom and how much?

	Type (from whom)	Amount
Unemployment	(_____)	\$ _____
Welfare	(_____)	\$ _____
Salvation Army	(_____)	\$ _____
Food Stamps	(_____)	\$ _____
Individuals	(_____)	\$ _____
Other	(_____)	\$ _____
Other	(_____)	\$ _____

Did your previous church supply help? _____ If so, what kind?

What are your living expenses? (for monthly amount, multiply weekly total by 4.33)

Food per month	\$ _____	Other _____ per month	\$ _____
Rent per month	\$ _____	Other _____ per month	\$ _____
Utilities per month	\$ _____	Other _____ per month	\$ _____
Transportation per month	\$ _____	Other _____ per month	\$ _____

Total monthly living expenses: \$ _____

Income from employment \$ _____

Income from other sources \$ _____

List sources _____

Total monthly income: \$ _____

Have you applied for help from other organizations and been turned down? _____ If so, give the name of that organization, their phone number and their reasons for turning you down:

Do you have a car or access to other daily transportation? _____ If no, please explain: _____

Are other members of your family unemployed? _____ If yes, explain nature of employment: _____

Any medical problems in your family? _____ If yes, please explain: _____

OTHER INFORMATION

References who can confirm your background and your need:

Name	Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

Describe the kind of help you are looking for, and tell us why you want this help: _____

How long have you been involved with our church/organization? _____ Are you a member? _____
If no, why not? _____

What church/ministries are you involved in? _____

Board/Committee Activities/Projects Status Report

Activities/Projects Planning Sheet

Board/Committee _____ Chairperson _____

Members _____

Outstanding Activities/Projects	Assigned Board/Committee Member	Beginning Date	Completion Date	Comments
1. _____ _____				
2. _____ _____				
3. _____ _____				
4. _____ _____				
5. _____ _____				
6. _____ _____				
7. _____ _____				
8. _____ _____				
9. _____ _____				
10. _____ _____				

Board/Committee Meeting Agenda

A. _____
Board/Committee Meeting Date Time

B. Roll Call – Reading and Approval of Minutes; Exceptions Noted _____

C. Reports by Specific Officer, Staff Member, and/or Sub-Committee

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

D. Specific Unfinished Business

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

E. Specific New Business

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

F. Next Meeting Date – Adjournment _____

G. Miscellaneous Notes and Comments

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Board/Committee Meeting Agenda

(Board/Committee)

Date: _____, _____

Projected
Time

_____ Fellowship and refreshments

_____ Prayer time/Devotional

_____ Approve _____ regular meeting minutes

_____ Approve _____ special meeting minutes

_____ MINISTRY MATTERS:

_____ ADMINISTRATIVE MATTERS:

Review _____ Calendar of Events

Review _____ Financial Reports

_____ Wrap-up/Next meeting date

_____ Closing prayer/Adjourn

Breakdown of Activities by Hours Spent

How many hours are you spending on specific activities each day?

Activity	Hours Day 1	Hours Day 2	Hours Day 3	% of Time (3-day average)
Meetings				
Telephone calls				
Interaction with customers				
Administration				
Team tasks				
Interaction with employees				
Project time				
Downtime				
Other				
TOTAL				

NOTE: To determine the percentage of time you have spent on specific activities, divide the number of hours for each activity by the number of actual work hours for the day.

Calendar of Events Request

New Event Cancellation Change

GENERAL INFORMATION

Event To Be Placed On Calendar _____

(As it is to appear in print)

Day of Event	Location/Room No.	Time:	Start	End
		Early Set-Up Time (Specify)		
		Break-Down		

Number of People To Attend _____

Requests Forthcoming:

<input type="checkbox"/> Set-Up	<input type="checkbox"/> Sound/Lighting
<input type="checkbox"/> Food Service	<input type="checkbox"/> _____
<input type="checkbox"/> Audio/Visual	<input type="checkbox"/> _____

Additional Comments: _____

Person Making Request: _____ Phone: _____ Date: _____
(Signature)

Ministry/Department _____ Position _____

FOR OFFICE USE ONLY

Approved and Scheduled Not Approved

Reason(s) for Decision: _____

Approved by _____ Date _____

Family Data Request

Date Prepared _____

PERTAINING TO THE HEAD OF THE HOUSEHOLD

Dr. Mr. Mrs. Name: _____

Ms. Ms. _____ (Last) (First) (M.I.) (Nickname)

Street Address: _____

City, State, Zip: _____

Sex: Male Female Home Phone: _____ Business Phone: _____

Date of Birth: _____ Marital Status: Single Married Divorced Widowed

Date Joined Church: _____ Previous Church Affiliation: _____

Employed by and/or School Attending: _____

Occupation/Position: _____

High School Graduate? _____ College: None Some Graduate Degree(s) _____

PERTAINING TO THE SPOUSE OR RELATIVE LIVING WITH YOU

Dr. Mr. Mrs. Name: _____

Ms. Ms. _____ (Last) (First) (M.I.) (Nickname)

Street Address: _____

City, State, Zip: _____

Sex: Male Female Home Phone: _____ Business Phone: _____

Date of Birth: _____ Marital Status: Single Married Divorced Widowed

Date Joined Church: _____ Previous Church Affiliation: _____

Employed by and/or School Attending: _____

Occupation/Position: _____

High School Graduate? _____ College: None Some Graduate Degree(s) _____

OTHER INFORMATION

Head of Household

Spouse/Relative

Hobbies _____

Spiritual Gifts _____

(if known) _____

Wedding Anniversary

Date (if applicable) _____ / _____ / _____

Other Interesting Comments: _____

Please Complete the Reverse Side

PERTAINING TO CHILDREN LIVING AT HOME

1. Name: _____
(Last) (First) (M.I.) (Nickname)

Date of Birth: _____ Male Female

Employed by and/or School Attending: _____
(Please give address if this child is attending college.)

Education: Grade (1-12) Graduate? _____ College (1-4) Degree(s) _____

2. Name: _____
(Last) (First) (M.I.) (Nickname)

Date of Birth: _____ Male Female

Employed by and/or School Attending: _____
(Please give address if this child is attending college.)

Education: Grade (1-12) Graduate? _____ College (1-4) Degree(s) _____

3. Name: _____
(Last) (First) (M.I.) (Nickname)

Date of Birth: _____ Male Female

Employed by and/or School Attending: _____
(Please give address if this child is attending college.)

Education: Grade (1-12) Graduate? _____ College (1-4) Degree(s) _____

4. Name: _____
(Last) (First) (M.I.) (Nickname)

Date of Birth: _____ Male Female

Employed by and/or School Attending: _____
(Please give address if this child is attending college.)

Education: Grade (1-12) Graduate? _____ College (1-4) Degree(s) _____

5. Name: _____
(Last) (First) (M.I.) (Nickname)

Date of Birth: _____ Male Female

Employed by and/or School Attending: _____
(Please give address if this child is attending college.)

Education: Grade (1-12) Graduate? _____ College (1-4) Degree(s) _____

6. Name: _____
(Last) (First) (M.I.) (Nickname)

Date of Birth: _____ Male Female

Employed by and/or School Attending: _____
(Please give address if this child is attending college.)

Education: Grade (1-12) Graduate? _____ College (1-4) Degree(s) _____

FOR OFFICE USE ONLY

Date Family Data Request Received: _____

Date Entered Into Membership System _____ Assigned Membership Number _____

Entered By _____

Family Data Request – Basic

Date Prepared _____

HEAD OF THE HOUSEHOLD

Name: _____ Birthday: ___/___/___

Street Address: _____

City, State, Zip: _____

Employed By: _____ Position: _____ Phone: _____

SPOUSE

Name: _____ Birthday: ___/___/___

Employed By: _____ Position: _____ Phone: _____

CHILDREN AND/OR OTHER FAMILY MEMBERS LIVING AT THE SAME RESIDENCE

Name: _____ Relationship: _____ Birthday: ___/___/___

Name: _____ Relationship: _____ Birthday: ___/___/___

Name: _____ Relationship: _____ Birthday: ___/___/___

Name: _____ Relationship: _____ Birthday: ___/___/___

Name: _____ Relationship: _____ Birthday: ___/___/___

Name: _____ Relationship: _____ Birthday: ___/___/___

OTHER INFORMATION

Head of Household

Spouse/Relative

Hobbies _____

Other: _____

Other: _____

Spiritual Gifts _____
(if known) _____

Wedding Anniversary _____
Date (if applicable) ___/___/___

Other Comments: _____

Key Receipt

Employee's Name _____ Social Security No. _____

Position _____ Ministry/Department _____

I hereby promise that I will not make or permit to be made a duplicate of any key assigned to me, that I will not loan any of said keys to another person and that upon termination of employment, all keys must be returned before final paycheck is issued.

Employee's Signature _____ Date _____

Key Number	Room No./ Location	Date Received	Employee's Initials	Witnessed By Initials	Date Returned	Witnessed By Initials

Key Receipt

Employee's Name _____ Social Security No. _____

Position _____ Ministry/Department _____

I hereby promise that I will not make or permit to be made a duplicate of any key assigned to me, that I will not loan any of said keys to another person and that upon termination of employment, all keys must be returned before final paycheck is issued.

Employee's Signature _____ Date _____

Key Number	Room No./ Location	Date Received	Employee's Initials	Witnessed By Initials	Date Returned	Witnessed By Initials

Meeting Evaluation Form

1. Was there a clear and valid purpose for the meeting?

2. Was a group meeting the best way to achieve that purpose?

3. Were the right participants there?

Were all the “must attend” and most of the “should attend” people at the meeting?

Was the number of participants appropriate for the type of meeting?

4. Was the agenda effective?

Did the sequence of items make sense?

Was an appropriate amount of time devoted to each item?

Were different people responsible for the various topics?

Did the agenda clearly indicate the date, location, beginning and end times for the meeting, and any preparation required of the participants?

Was the agenda distributed in advance?

5. Was the room size and set-up appropriate for the meeting?

Were all the necessary materials, supplies, and equipment available?

6. Did the meeting leader and attendees participate appropriately?
Did the group stay focused on the meeting purpose and topics?

Did they respect others' time and contributions?

Did they participate fully?

Meeting Planning Form

1. What is the purpose for the meeting?

2. Is a group meeting the best way to achieve that purpose?

3. Who are the right participants?

The “must-attend” people:

The “should-attend” people

What is the appropriate number of participants?

4. What should be the agenda? (Follow these steps.)

a. List topics to be addressed. (Your ideas and others.)

b. Estimate the time required for each topic.

c. Adjust the topics and/or meeting schedule, if necessary.

d. Determine who will be responsible for each topic. (Involve others.)

e. Determine the best sequence of topics.

f. Document and distribute the agenda.

— Include the meeting name, date, beginning and ending times, and location.

— Indicate what preparation is required of the participants.

— Give adequate advance notice.

5. How should the room be set up?

What materials, supplies, and equipment are needed?

Memorandum of Meetings

GENERAL INFORMATION

Group/Committee _____ Date of Meeting _____

Individuals Present _____

ITEMS DISCUSSED

PROMISES MADE/FOLLOW-UP NEEDED

Prepared By _____ Date _____

Ministry Description

Position Title _____

Ministry _____

Department _____

Staff Contact _____

Phone Number(s) _____

Training By _____

Brief Ministry Description: _____

Membership Required? _____

Spiritual Maturity Desired _____

Spiritual Gift(s) _____

Talents/Abilities _____

Spiritual Passion _____

Temperament/Personality Desired:

Choleric

Sanguine

Phlegmatic

Melancholy

Characteristics _____

Ministry Target _____

Ministry Location _____

Estimated Time Commitment and Schedule:

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

Saturday _____

Sunday _____

Flexible _____

Commitment Period _____

Assistance Needed _____

Additional Comments _____

Ministry Property Issued to Employee

Employee's Name _____ Position _____

Keys:

Equipment/Machines:

Other:

I have received the above listed items and do agree to return these to the Administrator's office upon my termination of employment. I do understand that my final payroll check will not be issued to me until these items are returned.

Employee's Signature _____ Date _____

Witnessed By _____ Date _____

Personnel Requisition

To _____ Date Prepared _____

From _____ Ministry/Department _____

Replacement For _____

Position to be filled _____ Date needed by _____

To be supervised by _____

Check one: Full-time Position Part-time Position Temporary Position

How many hours per week? _____ How long needed (if temporary)? _____

Necessary qualifications _____

Ministry responsibilities/duties _____

Salary range _____

Persons who will interview applicants _____

Additional comments _____

FOR PERSONNEL OFFICE USE ONLY

Position filled: Yes No

Reason(s) for decision _____

Prepared By _____ Date _____

Things "To Do" Today

Day _____

Date Taken: _____

Taken By: _____

APPOINTMENTS AND TELEPHONE CALLS	
TASKS	
	DONE
1	<input type="checkbox"/>
2	<input type="checkbox"/>
3	<input type="checkbox"/>
4	<input type="checkbox"/>
5	<input type="checkbox"/>
6	<input type="checkbox"/>
7	<input type="checkbox"/>
8	<input type="checkbox"/>
9	<input type="checkbox"/>
10	<input type="checkbox"/>
11	<input type="checkbox"/>
12	<input type="checkbox"/>
13	<input type="checkbox"/>
14	<input type="checkbox"/>
15	<input type="checkbox"/>
16	<input type="checkbox"/>
17	<input type="checkbox"/>
18	<input type="checkbox"/>
19	<input type="checkbox"/>
20	<input type="checkbox"/>

Wedding Arrangements

GENERAL INFORMATION

Bride's Name _____ Groom's Name _____

Address _____ Address _____

City, State, Zip _____ City, State, Zip _____

Phone (h) _____ (w) _____ Phone (h) _____ (w) _____

Church Membership _____ City _____ Church Membership _____ City _____

Officiating Minister _____

Wedding Date _____ Wedding Time _____ Rehearsal Date _____

Bride's Parents' Name _____

Parents' Phone (h) _____ (w) _____

FACILITIES REQUESTED

Auditorium

Kitchen

Chapel

Rooms _____

Fellowship Hall

Rooms _____

Parlor/Bride's Room

CHURCH SERVICES REQUESTED

Wedding Taped Music Requested

Food Service

Cassette Taping Requested of Ceremony

Janitorial Service

Sound System

Video Taping Requested

WEDDING ARRANGEMENTS CHECKLIST

Number of Bridesmaids _____

Flower Girl: Yes No

Number of Groomsmen _____

Ring Bearer: Yes No

Number of Ushers _____

Number of Persons Expected _____

Double Ring: Yes Single Ring: Yes

Name of Florist _____ Phone _____

Name of Caterer _____ Phone _____

Name of Church Organist _____ Phone _____

Name of Photographer _____ Phone _____

Name of Church Soloist _____ Phone _____

Reception Services (Contact Hostess Directly)

WEDDING AGREEMENT

I have read all wedding policies and agree to comply with the minister's counseling requirements and payment of all fees as directed by the wedding hostess at phone number_____. The wedding hostess, _____, must be consulted before wedding plans can be considered complete.

Address after wedding:

Signed _____
Date _____

Please return to church office

FOR OFFICE USE ONLY

Approved Scheduled

Church Wedding Coordinator Assigned _____ Phone _____

Not Approved Reason for Decision _____

Authorized Signature _____ Date _____

Wedding Reception Information

GENERAL INFORMATION

Wedding Date _____ Time _____ Place _____
 Bride _____ Member Here Phone _____
 Groom _____ Member Here Phone _____
 Bride's Address _____
 Minister _____ Photographer _____
 Person to Decorate Fellowship Hall _____
 Size of Reception _____ Number of Ladies to Serve _____
 Table Cloths How Many Cloths _____ Napkins _____
 Reception Colors _____
 Guest Book Candelabra How Many Chase Candles _____
 Nuts Mints Punch Coffee Punch Bowl Piano
 Bakery _____ Delivery Time _____
 Florist _____ Delivery Time _____
 Refreshments _____ Delivery Time _____
 Other Information _____

RECEPTION EXPENSES

	<u>Name</u>	<u>Amount</u>
Personnel:		
Director _____		\$ _____
Assistants _____		_____
_____		_____
Facilities Use _____		
_____		_____
Supplies/Refreshments:		
Table Cloths _____		_____
Napkins _____		_____
Candles _____		_____
Nuts/Mints _____		_____
Punch/Coffee _____		_____
_____		_____
_____		_____
Total Expenses		\$ _____

Prepared By _____ Date _____

Worship Center Calendaring of Events Request (Addendum)

Event Name _____ Event Date _____

Ministry/Department in Charge _____

Contact Person _____ Ext. No. _____

Appropriately answer and furnish any additional information for the following:

1. Will the platform need to be cleared of furniture? _____

2. Will the organ and/or piano(s) need to be moved? _____

3. Will any pews/chairs need to be moved? _____

4. Will choir risers need to be removed? _____

5. Will plants need to be moved? _____

6. List/detail any staging or equipment to be added (brought in) for this event: _____

7. Detail any special lighting needs: _____

8. Detail any special audio/sound equipment needs: _____

9. Detail any special audio-visual, filming, or recording needs or plans: _____

10. Additional comments/needs: _____

