

NEW
MORNING
Light
BAPTIST CHURCH
REV. CHARLES S. HAMILTON, SENIOR PASTOR

TEAM MINISTRY PLAN

Name of Event:

Chairperson:

Date:

Whatever you do, work at it with all your heart, as though you were working for the Lord and not for people.

-Colossians 3:23

PRE-PLANNING QUESTIONS TO THINK ABOUT

The idea, event, or program should always align with the mission, vision, and core values of the church.

1. What is the purpose (overall reason you are doing this)?

2. What is my Goal (*What result/ outcome are you expecting from this event*)?

3. Who is my audience (community, congregation, children, adults, women, men, or all)

4. What specific needs do I have?

5. What need am I trying to meet?

Responsibility/Task sheet

- What are your tasks and responsibilities for this project as a chairperson?

- What are the tasks and responsibilities of this project for the co-chair?

- What are the task and responsibilities for the volunteers?

Answer the Following Logistical Questions:

What resources do I need?

1. Materials? _____

2. Do you need to request funds?
 - a. How much? _____
 - b. Can I raise them on my own? _____
3. Do you need to requisition Room? _____
 - a. What room? _____
 - b. What day? _____
4. Who will open/ close the church? _____
 - a. When is the event (date& time)? _____
 - b. What are the practice and or meeting dates? _____
5. Do you need the audio ministry? _____
6. Who will set up, breakdown, and clean up the space used?

7. Will you need to use the church van? _____

Ministry Name: _____

Ministry Chairperson: _____

Co-Chairperson: _____

Contact phone # _____

Volunteer Support

How many volunteers do you need? _____

How will you get volunteers? _____

Co-chair/ Main Assistant:

- Name: _____
- Phone Number: _____
- Email: _____
- Affiliated with the church: Yes/ No: _____
- Task/Responsibility: _____

Volunteer/ support:

- Name: _____
- Phone Number: _____
- Email: _____
- Task/Responsibility: _____

Volunteer/ support:

- Name: _____
- Phone Number: _____
- Email: _____
- Task/Responsibility: _____

Volunteer/ support:

- Name: _____
- Phone Number: _____
- Email: _____
- Task/Responsibility: _____

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TEAM MINISTRY PLAN

Availability Date Certificate

Event Date _____

Ministry Name _____

Briefly describe event _____

Facilities Requested (Check all applicable to be used) Have all signatures before turning in for approval.

Space Needed	Start Time	End Time	Required Initials
Kitchen			
Fellowship Hall			
Sanctuary			
Yellow House			
Rock House			

Chairs	How Many?	
Tables	How Many?	

Deacon who will open and close for event:

Open: _____ Close: _____
Deacon of Duty Deacon on Duty

Date tentatively reserved _____

Availability verified by: _____, Administrative Assistant

Final approval approval: _____ Date: _____
Pastor Charles Hamilton

TEAM MINISTRY PLAN

Budget Spread Sheet

ONLY COMPLETE IF NEEDED

	Supplies	Quantity	Cost
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			

Total\$ _____

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Trustee Signature: _____

TEAM MINISTRY PLAN

Request for Funds

Date: _____

Submitted by: _____

Amount of this transaction: _____

Make Check Payable to: _____

Address: _____

Ministry Balance: _____

How will funds be used: _____

Finance Chairperson:

_____ Approve/Disapprove _____
Date

Trustee:

_____ Approve/Disapprove _____
Date

Deacon:

_____ Approve/Disapprove _____
Date

Pastor's Decision:

_____ Approve/Disapprove _____
Date

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Program Marketing

1. Do you need fliers _____
Who will make the fliers? _____
2. Have you requisitioned the bulletin board or TV screen? _____
3. Can this program benefit from the use of the church phone tree? _____
4. Do you want it announced in church? _____

Program Announcement Form for Bulletins

Date of event: _____

Dates to be posted in Sunday Bulletin: _____, _____,
_____, _____, _____

Announcement: _____

Ministry Name: _____

Submitted by: _____

Approval Signature: _____
Pastor Charles Hamilton

Date Received: _____

Church Social Media Announcements

Date of event: _____

Dates to be posted on sign: _____, _____, _____,
_____, _____,

Announcement: _____

Ministry Name: _____

Submitted by: _____

Approval Signature: _____

Pastor Charles Hamilton

Date Received: _____

Church Sign/ Marquee Post

Date of event: _____

Dates to be posted on sign: _____, _____, _____,
_____, _____,

Announcement: _____

Ministry Name: _____

Submitted by: _____

Who will put up wording: _____ Date: _____

Who will take down wording: _____ Date: _____

Approval Signature: _____

Pastor Charles Hamilton

Date Received: _____

TEAM MINISTRY PLAN

New Morning Light Website Posing Request (for www.newmorninglight.org)

Ministry: _____ Chairperson: _____

Posting Type: Announcement _____ Ministry Page Posting _____

Title of Post: _____

Post: _____

Directions for Webmaster: _____

Media Ministry Chairperson

Date

Pastor Charles Hamilton Approval

Date

Please check grammar and spelling. Please allow 2 weeks to be processed. Please ensure handwriting is legible.

TEAM MINISTRY PLAN

Request for availability of the Media Team for Events

Date: _____ Start Time: _____ End Time: _____

Type of Event: (Be specific) _____

Ministry: _____

Point of Contact Name: _____ Phone # _____

Email Address: _____

What do you need? (Check all that apply)

Microphones _____ Recording _____ Live Streaming _____ Video Played _____

Song Played (Please give title & artist)

Other (Please be specific)

Media Ministry Chairperson _____

Don not write in this box. For Media Ministry use only.

Who will be on duty: _____

Point of contact: Phone# _____ Email: _____

Signature: _____ Date: _____

Media Ministry Chairperson Approval _____

TMP Final Check List:

- **Outlined plan for event**
 - Pre planning questions
 - Responsibility/ Task Sheet
 - Logistical Questions
- **Availability form Signature**
 - Opening/ Closing Signature/ Name
- **Volunteer Support**
- **Signed Trustee Budget Spreadsheet**
 - Request for Funds
- **Programing/ Marketing**
 - Bulletin Announcement
 - Church Social Media Announcements
 - Church Sign/ Marquee
 - Website Posting
- **Request for Media Team**

TMP Received by Administrative Assistant

TMP Approved by Pastor Charles Hamilton