



New Ministry Proposal

Contact Name: _____

Contact Phone: _____

Contact Email: _____

Date: _____

Please forward this completed proposal to Laura Van Ham, Ministries Coordinator, for review by the Pastor and staff. Following staff consideration, this proposal will also be reviewed by the Parish Pastoral Council. You will be notified of the results. For more information, contact Laura at lvanhams@smip.org or 815-436-2651, x 887.

Proposed Ministry Name: _____

Describe your ministry's purpose at SMI (Please attach additional sheet if necessary):

What is your ministry's Mission Statement?

List the goals of your ministry for the first six months, one year & ongoing:

Who is your target audience?

In which category do you feel your ministry belongs?

- ☐ Adult Formation ☐ Christian Service ☐ Fellowship ☐ Peace & Social Justice
☐ Youth Formation ☐ Diversity & Unity ☐ Liturgy & Worship

Do you plan to meet on campus? ☐ Yes ☐ No

If yes, how often? _____

On which day of the week? _____ **At what time?** _____

Estimated # of members at each meeting: _____

OFFICE USE ONLY

Available Room: _____

Staff Review Date: _____ **Approved:** ☐ Yes ☐ No _____
(Reviewer's Initials)

PPC Review Date: _____ **Approved:** ☐ Yes ☐ No _____
(Reviewer's Initials)