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|  | Crosslink New Mission Request Form |

##  Personal Information

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| --- | --- | --- | --- | --- | --- |
| Organization/Full Name: |  |  |  | Date: |  |
|  |  Last | First | M.I. |  |  |

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| --- | --- | --- |
| Address: |  |  |
|  | Street Address | Apartment/Unit # |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | City | State | ZIP Code |

|  |  |  |  |
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| Phone: |  | Email |  |

## Ministry Description

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| What is the goal of your ministry suggestion? |  |

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| Briefly describe your ministry suggestion: |  |

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| What location and/or people would be impacted by your suggestion (neighborhoods, homeless, etc.)? |  |

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| List the facilities that would be impacted (church office, etc.): |  |

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| --- | --- |
| List calendar information (date, time, how often): |  |

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| Who will be responsible for finding volunteers? |  |

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| --- | --- |
| List the cost of your ministry suggestion: |  |

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| --- | --- |
| List funding suggestions: |  |

|  |  |
| --- | --- |
| What will be your personal involvement? |  |

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| --- | --- |
| How will you know if the ministry is accomplishing its goals? |  |

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| Other Comments: |  |

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