



# CROSSLINK Crosslink New Mission Request Form

community church

## Personal Information

Organization/Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_ *City State ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

## Ministry Description

What is the goal of your ministry suggestion? \_\_\_\_\_  
\_\_\_\_\_

Briefly describe your ministry suggestion: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

List calendar information (date, time, how often): \_\_\_\_\_

Who will be responsible for finding volunteers? \_\_\_\_\_

List the cost of your ministry suggestion: \_\_\_\_\_

List funding suggestions: \_\_\_\_\_

What will be your personal involvement? \_\_\_\_\_

How will you know if the ministry is accomplishing its goals? \_\_\_\_\_  
\_\_\_\_\_

Other Comments: \_\_\_\_\_  
\_\_\_\_\_