



### MINISTRY HUBS - RESPONSE FORM

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

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

MINISTRY HUB	PLEASE TICK <u>ALL</u> THE BOXES THAT APPLY TO YOU		If you know of someone who might like to be involved, or who you think would make a good co-leader, please write their name in the box(es) below. If co-leader, write (L) after their name.
	Am already involved	Would like to get involved	
Admin and Communications Support	<input type="checkbox"/>	<input type="checkbox"/>	
Discipleship	<input type="checkbox"/>	<input type="checkbox"/>	
Global and Home Mission	<input type="checkbox"/>	<input type="checkbox"/>	
Outreach and Evangelism	<input type="checkbox"/>	<input type="checkbox"/>	
Pastoral	<input type="checkbox"/>	<input type="checkbox"/>	
Practical Support	<input type="checkbox"/>	<input type="checkbox"/>	
Prayer Support	<input type="checkbox"/>	<input type="checkbox"/>	
Social Activities and Special Events	<input type="checkbox"/>	<input type="checkbox"/>	
Welcome	<input type="checkbox"/>	<input type="checkbox"/>	
Worship Services Support	<input type="checkbox"/>	<input type="checkbox"/>	
Young People	<input type="checkbox"/>	<input type="checkbox"/>	

Please indicate below any activity that interests you but does not appear to be mentioned in the strategy for mission document.

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_