

MISSION OPPORTUNITY FORM

(Opportunity presenter should fill out prior to Mission's meeting and send to either
msotten@aol.com or sbevetteman@live.com)

Name of mission opportunity: _____

Sponsoring group if different than above: _____

Description of service or outreach requested: _____

Individuals receiving this service: _____

Is this request for monetary support or volunteer service? Please describe:

If this request requires Sunday morning worship time for collection or distribution, you must submit a facility use request form to Katie Lorenz at klorenz@livingwordumc.org.

If this is a request for volunteer service, is there any age limitation on those who volunteer to serve? No If yes, please describe: _____

Is there a specific date for this service opportunity or is it on-going? _____

Please describe how you feel this mission opportunity fulfills the Mission Statement of Living Word: _____

Name and Contact Information of submitter:
