

# 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: \_\_\_\_\_

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Individuals receiving this service: \_\_\_\_\_

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

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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](mailto: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? \_\_\_\_\_

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

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Name and Contact Information of submitter:

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