

REQUEST FOR MINISTRY MEMBERS

Purpose: To request ministry members to fill staffing needs.

Required Action: Please complete the information requested below. Ensure that you attach relevant job descriptions and a detailed plan of how you will utilize requested members. Completed forms with attachments should be placed in the **Ministry Admin** box located in Room 300 or e-mail to emm@harvestlifechangers.com. You will be notified of approval by EMM within one (1) week.

Name: _____ Date: _____

Contact Number: _____ E-mail: _____

Ministry Name: _____

Ministry President: _____ Director: _____

How many members do you need? _____

Why do you need additional staff? _____

How will these requested members be utilized? (Please attach relevant job descriptions)

When would you like these ministry members to start? _____

If you are not requesting permanent members, please specify the period of your request:

From: _____ To: _____

If you know the name(s) of members you are requesting to be added to your ministry, please list their name(s): _____

President's Signature: _____ Date: _____

Director's Signature: _____ Date: _____

For Office Use Only

Request Approved: Yes _____ No _____ Date: _____ EMM Initials: _____

Person(s) to be offered position: _____

Date Director/President notified: _____ Initial: _____