



MINISTRY DESCRIPTION FORM

Please check one:

☺ _____ LOOKS GOOD – Don't change a thing!

☹ _____ NEEDS WORK – see changes below

MINISTRY TITLE: _____ CURRENT MINISTRY DESCRIPTION:

Please make any desired changes above or print clearly in the space below: (attach separate sheet if necessary)

Please take the time to supply the following information:

CONTACT PERSON: _____ **TELEPHONE #:** _____ **E-mail:** _____

TIME COMMITMENT: _____

Example: 2 hours per week plus meetings 4 times a year

TRAINING: _____

SKILLS, TALENTS, GIFTS: _____

Example: Creative, computer literate, patient, bi-lingual



Position Description Form

NAME: _____

PURPOSE: _____

RESPONSIBILITIES:

- ◇ _____

- ◇ _____

- ◇ _____

- ◇ _____

- ◇ _____

GIFTS/QUALIFICATIONS/SKILLS NEEDED:

- ◇ _____
- ◇ _____
- ◇ _____
- ◇ _____
- ◇ _____

AMOUNT OF TIME REQUIRED: _____

WHEN MINISTRY IS PERFORMED: _____

LENGTH OF COMMITMENT: _____

TRAINING PROVIDED:

◇ _____

◇ _____

◇ _____

RESPONSIBLE TO:

◇ _____

◇ _____

◇ _____

SUPPORT PROVIDED: _____

ADDITIONAL RESOURCES:

◇ _____

◇ _____

◇ _____

CONTACT PERSON(S): _____

EFFECTIVE DATE: _____ **REVIEWED:** _____