



ANNUAL MINISTRY OUTLINE

UNITING CHURCH

NAME OF MINISTRY:

Is this a new or continuing ministry?

Continuing

New

For this ministry, please give details of :

Times: _____ Days: _____

Frequency: _____ Venue: _____

Target participants: _____

Vision / Purpose:

Has this ministry been endorsed by the Church Council for this calendar year?

Yes

Date minuted:

No

(please ensure your Church Council has been consulted and signed off that this is a ministry of your church)

Date of initial planning meeting for the year:

Frequency of ongoing planning meetings:

Is / are the relevant Risk Assessment/s completed and attached?

Yes (amazing, please attach to this document)

No (please complete asap or give reasons why this is not required)

Volunteer List

Volunteer's Name	Mobile Number	Has a WWCC, verified by RUC	Screening Completed	Signed Code of Conduct	Date of last Safe Church Workshop	Has been given a role description	Induction and expectations provided

Do you foresee any other volunteers being needed for this ministry throughout the year?
(please ensure any new volunteers are added to this register)

This form was completed by:

Ministry Team Leader Name:

Date:

Signature:

This form was endorsed by Church Council:

Church Council Rep Name:

Date:

Signature: