


Women at the Well
Ministry Idea Form

Name: _____

Phone: _____ **Date:** _____

1. Briefly Describe Your Idea

Include thoughts on how many women would be served, timing (month/season) and when, where, how long/how often. *[for example: I'd like to host a group of 6-10 women at my home to watch The Chosen video series on Thursday evenings during the fall/winter. My guess is that we would spend 1 ½ to 2 hours together.]*

2. Which Women at the Well pillars does your idea support? Mark all that apply

- Christ Centered
 Creates Connection/ Belonging
 Giving/ Receiving Care

Which needs of women will it best serve?

Mark all that apply

- Encouragement
 Community
 Care & Support
 Spiritual Growth

Say more about this if you like:

3. Please answer these questions to help with potential planning:

Planning Consideration	Yes	No	Notes
Will there be a cost to participate? How much?	<input type="checkbox"/>	<input type="checkbox"/>	
Will supplies be needed to participate (e.g., Bible, study book, food/beverages, exercise mat)?	<input type="checkbox"/>	<input type="checkbox"/>	
What space is needed? How long? Any special technical needs?	<input type="checkbox"/>	<input type="checkbox"/>	
Are you willing to lead/serve in support of your idea?	<input type="checkbox"/>	<input type="checkbox"/>	

Say more about this if you like:

PLEASE DELIVER YOUR COMPLETED FORM TO THE CHURCH OFFICE "ATTN: WOMEN AT THE WELL" OR PLACE IN THE BLACK MAILBOX NEXT TO OUR DISPLAY IN THE GATHERING AREA. SOMEONE WILL CONTACT YOU TO DISCUSS.

THANK YOU FOR SHARING YOUR IDEA!

PLEASE TURN OVER AND COMPLETE SIDE 2