4005 Wisconsin Ave NW, P.O. Box 39105, Washington, D.C. 20016

metrodcelca.org

Staff Engagement Form

Please fill out this form and return to Katharyn Wheeler kwheeler@metrodcelca.org no less than two weeks in advance of any requested synod staff engagement. Copies of all applicable materials must be received no less than two weeks in advance for final confirmation of staff attendance.

Staff Member Requesting:		
Church/Ministry Name:		
Address (GPS Compatible) and any special driving instructions:		
-		
	Sunday Worship	
	Special Event:	
Date: _	Time (s):	
Texts of the Day:		
Theme	:	
Color o	of the Day:	
Contac	t Person Name: Person Cell #:	
What is expected of the staff member?		
	Preach	
	Preside	
Holy Communion		
	□ Staff Member Presides	
_	□ Staff Member Assistant with the Bread	
	Bring Synod Greetings	
	Other:	
Other requests		
	Children's Sermon (how many children, age range):	
	Reception/Coffee Hour (where, when):	
	Adult Forum/Sunday School (where, when):	
	□ Attend	
	☐ Provide Content - Topic:	

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Notes Is there a special focus for the day? Please describe.	
Congregation Ministries Highlights:	
Hopes and dreams for the congregation:	

Is there anything else that should be known before attending? i.e. any conflicts, topics to highlight or avoid, insight into demographics of congregation