

## Department of Social Justice

Reverend Anthony Kelley, Director Reverend Willie Maynard, Jr., Convention President SOCIAL JUSTICE MINISTRY INTEREST FORM

## Please Complete electronically (spaces expand)

1.	Name of Church							
2.	Street or Mailing Address							
3.	City, State, Zip Code							
4.	Phone (Area Code)	D	ay:					Evening:
5.	Email address							
6.	Pastor's Name							
7.	Anticipated number of volunteer hours you can give per month	#				Area o	f Se	rvice-Leadership (see box 8 below)
8.	Do you have expertise in any area (s) below to include prison ministry, criminal justice/law enforcement/courts/corrections; foster care, out-of school or other at-risk youth; social justice advocacy; economic development and empowerment; social/human services; local businesses; government agencies; community-based organizations?	( Pl	) leas	Ye se E	s xplain	:	(	) No
9.	Would you like to receive a copy of our GLBC Social Justice Department Booklet?	(	)	Ye	S		(	) No
10.	Volunteer/Outreach Ministry performed in or by your church							
11.	Would you be willing to serve on the Social justice Regional Advisory Coordinating Council	(	)	Ye	S		(	) No
	What staff position would you be interested in based upon the job descriptions/qualifications when and if funds become available? Would you be willing to volunteer	(	)	Ye	S		(	) No
	your services?							