

Listing of Forms and Documents

To provide quality service and process your needs in a timely and orderly fashion, all members are asked to complete the appropriate forms and return them to the church office as promptly as possible. Forms will be distributed to the appropriate ministries for immediate processing. All forms & documents can be located at the information center in the Ward Mitchell Chapel.

[Copying & Clerical Request](#)

[FORM A](#)

Copies are to be made by request only and at least 5 business days in advance of time/event needed. For request of 200 or more copies paper must be provided. Please submit all requests to the Church Office using the appropriate form(s).

[Check Requisitions/Vouchers](#)

[FORM B](#)

All check requisitions/vouchers must be requested by the Ministry Heads at least 10 working days before date needed. Forms can be obtained from the Church Office. Check Requisitions/Voucher should be submitted to the Trustees office for approval. There will be no Church money distributed without a properly Check Requisition/Voucher Form.

[Tithing Envelope Request](#)

[FORM C](#)

Tithe/offering envelopes are distributed annually by the finance committee. Request forms can be obtained from the Ward- Mitchell Chapel and deposited in the finance office. (Located next door to the Pastor's office)

[Calendar Request](#)

[FORM D](#)

The Calendar Request form is used for scheduling events and activities for the Church. All Calendar Request are to be submitted to the Church Office for Approval.

[Activity Announcements/Bulletin Board](#)

[FORM E](#)

Information can only be displayed or announced when an Activity Announcement form is completed. Announcements for the bulletin must be submitted to the Church Office by 12 noon Wednesday before the Sunday it is to run. Announcements run in the bulletin are for the upcoming week only. All other announcements will be placed on the Screen.

[Infant Dedication](#)

[FORM F](#)

Infant dedications will be performed by request as the schedule allows. Please complete the request form in full to allow for expedient processing.

[Wedding Request](#)

[FORM G](#)

Weddings are performed by request as the schedule allows. Applications should be completed in full and submitted with deposit. Please refer to the wedding policy for additional information.

[Helps](#)

[FORM H](#)

Form used to provide financial assistance to those in dire need.

[Scholarship Application](#)

[FORM I](#)

[Sick & Shut In Notification](#)

[FORM J](#)

Sick & Shut In Information form is used to schedule ministerial visitations along with communion deliverance.

Listing of Forms / Documents (con't)

Church Bus Request

FORM K

When not in use for its designated purpose the church bus may be used by ministries in the carrying out of church business. All persons requesting usage privileges are required to read and sign the church bus operating policy.

Facility Usage Request Form

FORM L

This form is to be completed when you wish to use our facility for a special event or for funeral services.



Greater Metropolitan M.B. Church

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FORM A

Clerical Request Form

Copies are to be made by request only and at least 10 business days in advance of time/event needed. For request of 200 or more copies paper must be provided. Please submit all requests to the Church Office using the appropriate form(s).

Date: _____

Date Needed: _____

Requested by: _____

Contact Number _____

MATERIAL:

___Draft ___Letter ___Type ___Copies Make _____ Copies

___Single Space ___Double Space ___Two-Sided

Description of Job:

Special Instructions, Additional Comments, Sketches, etc.



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FORM B

CHECK REQUISITION/VOUCHER

Date of Request: _____

Amount Requested: \$ _____

Date Needed: _____

Name of Board/Ministry: _____

Requested By: _____

Ministry Head's Signature

Purpose of Request: _____

Check Payable To: _____

Address if Check is to be mailed: _____

Person to Pickup Check if other than ministry head: _____

Checks can be picked up:

Tuesdays 12:00am to 4:00pm

Wednesdays & Thursdays 10:00am to 4:00pm

Fridays 10:00am to 4:00pm

(For Office Use Only)

Approved By: _____ Title _____

Account Charged: _____ Account Balanced Reviewed by: _____

Check Number: _____ Check Amount: _____ Issue Date: _____

Check Payable to: _____

Check Received by: _____

Check Mailed: _____
Date



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FORM C

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TITHING ENVELOPE REQUEST FORM

Please allow 7 working days for each request to be filled. Tithing Envelopes are distributed annually and must be submitted to the Finance Office.

Date of Request: _____

Member Name:

If for a family please list: _____

Member Number: _____

Date Needed: _____

Method of Retrieval: _____ Pick Up _____ Delivery

Request Made By: _____

FOR OFFICE USE ONLY

Date Received: _____

Request Received By: _____

Date Filled: _____

Date Distributed: _____



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FORM D

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CALENDAR REQUEST FORM

Note: In the Event of a Cancellation, Please Notify the Church Office Immediately. Calendar Request subject to change without notice. All Calendar Request must be Submitted to the Church Office 30 Days Prior to the Event.

Date of Submission _____

Group Name _____

Group Leader _____

TYPE OF EVENT/ACTIVITY:

Dinner Meeting Luncheon Breakfast Seminar/Workshop
 Other (please specify) _____

PURPOSE OF EVENT/ACTIVITY: _____

DATE OF EVENT: _____ DAY OF EVENT: _____ TIME: From _____ m To _____ m

LOCATION: Greater Metropolitan M.B. Church _____ Room Requested: _____

If not Greater Met, please complete:

LOCATION: _____

Address: _____

Telephone: _____ Contact Person _____

ANTICIPATED AUDIENCE

Children Youth College Students Young Adults Adults Seniors All

Is this a regular schedule event/activity? Yes No Number of people attending _____
If Yes, how often? Weekly Monthly Bi-Monthly Annually

Person Making the Request _____

Address: _____ Zip Code _____ Day ph. () _____

SPECIAL REQUEST

Kitchen Sound System TV/VCR Tapes Made & Dubbed (additional fee)
 no. of Tables No. Chairs Other

MINISTRY LEADER _____ Phone# _____
(Please Print)

MINISTRY LEADER _____ Date: _____
(Signature)

SHOW ILLUSTRATIONS OF ANY SPECIFIC LAY-OUTS HERE

FOR OFFICE USE ONLY

FEE: \$ _____

APPROVAL: _____ DATE _____

CONFIRMED BY: _____ DATE _____

PERSONS RESPONSIBLE FOR:

1. MAINTENANCE ENGINEER _____
2. SOUND ENGINEER _____
3. TAPING _____ DUBBING _____
4. CLOSING _____



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FORM E

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ACTIVITY/ANNOUNCEMENT FORM

OFFICE USE ONLY	Date Received:	Time:	Received By:
-----------------	----------------	-------	--------------

Please fill –out completely. If you need church facilities for your activity, please complete a Calendar Request Form and return to the church office no later than 7 Working Days prior to your proposed activity. Circle the church publication (s) in which you would like for this Activity or Announcement to appear:

SCREEN BULLETIN NEWSLETTER FLYER

Title/Theme: _____

Sponsor: _____

Description: (attach additional pages if needed)

Date: _____ Time: From _____ m To _____ m

Location: _____

If not _____

GMMBC _____

CONTACT INFORMATION

Name: _____ Member # _____

Address: _____

City, State, Zip _____

Day Phone: (____) _____ Evening Phone: (____) _____

Directions from Greater Metropolitan M.B. Church:



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FORM F

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INFANT DEDICATION

Please Allow at Least 5 working days to process request

Name of Child _____
(First, Middle, Last)

Date of Birth: _____ (Circle One) BOY GIRL

Place of Birth: _____ Weight _____ lbs.

Mother's Name: _____

Father's Name: _____

Member #: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Desired Date: _____ Alternate Date: _____

Choice of Service: () 8:00am () 10:30am

Godparents: _____

FOR OFFICE USE ONLY

Request Received on _____ by _____

Dedication Date & Time: _____

Service performed by: _____

Confirmation mailed on _____ to _____



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FORM G

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WEDDING REQUEST FORM

Date Requested: _____ Date Confirmed: _____

Bride: _____ Member () Non-member ()

Address: _____

City, State: _____ Zip Code _____

Contact Numbers: Home (____) _____ Work (____) _____

Groom: _____ Member () Non-member ()

Address: _____

City, State: _____ Zip Code _____

Contact Numbers: Home (____) _____ Work (____) _____

Wedding Coordinator: _____

Address: _____

City, State: _____ Zip Code _____

Contact Numbers: Home (____) _____ Work (____) _____

Couple's Future Address: _____

Please Check One: ___ Wedding & Reception ___ Wedding only ___ Reception only *for receptions* ___ No. of guests

Note: Use of the Fellowship Hall for reception is an additional \$125.00 not included in wedding fee.

Ceremony to be performed: _____
Name Church Affiliation Phone No.

Date/Day/Time: _____/_____/_____

Rehearsal Date/Day/Time Preferred _____/_____/_____

Reminder: Please Keep in Mind the following Rules and Regulations:

- * The earliest a wedding ceremony may be permitted is after 1:00pm on an approved Saturday.
- * A grace period of ½ hour will be allowed for any delays. A \$50.00 assessment will be incurred every ½ hour any time after the ½ hour grace period.
- * A minimum fee of \$300.00 (members) /\$450.00 (nonmember) must be paid to cover the expenses of the ceremony, license, seminar, & materials.
- * Spiritual Music only
- * No Smoking
- * No Alcoholic beverages
- * No rice or birdseeds thrown
- * No lit candles
- * No nails, tacks, glue, or staples used in decorating

I have read the terms and conditions and hereby agree to adhere to the terms set forth by Greater Metropolitan M.B. Church.

Bride Signature *Date*

Groom Signature *Date*

FOR OFFICE USE ONLY

Fee: \$ _____

Amount of the deposit: \$ _____

\$ _____

Amount Due: \$ _____

Deposit Refunded: \$ _____

Received: _____

Date

Received: _____

Date

Paid in Full: _____

Date

Person(s) Responsible for:

1. Maintenance Engineer _____
2. Sound Engineer _____
3. Closing _____

SUGGESTED MARRIAGE CEREMONY OUTLINE

Statement of Purpose:

Prayer

Declaration of Intent:

To Groom

To Bride

To Congregation

To Parents of the Bride & Groom

The Giving of the Bride

To the Bride's Father or Parent (s)

Exhortation to Bride & Groom

The Marriage Vows

Reading of Scripture

Lighting of the Unity Candle

Prayer for the Bride & Groom

The Lord's Prayer

Pronouncement of Marriage

The Salute/The Kiss

Recognition of Parents

Presentation of Newlyweds

Benediction



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FORM H

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Ministry of "Helps" Information Sheet

Name: _____ Phone () _____

Address: _____
Street city state zip

Date of Birth: _____ Single Married Separated Widowed
(mm/dd/yyyy)

Spouse's Name: _____

Your Employer: _____

Address: _____ Phone () _____

Spouse's Employer: _____

Address: _____ Phone () _____

SS# _____ - _____ - _____ Spouse SS# _____ - _____ - _____

Children's Names and Ages (if applicable)

NEEDS: Food Shelter Rent/Mortgage Utilities Transient Medical
 Other *(please specify):* _____

Amt. of Need: \$ _____ Deadline: _____ Have you been helped previously by this church? Y N

What did you receive? _____ When? _____

Other resources you have applied to for this need? _____

How did you hear of this church? (self)Member TV relative Agency Friend
 Other *(please explain):* _____

Please provide a detail explanation of the circumstances surrounding this need: *(attach additional pages if necessary):*

Church Home: _____ Pastor _____

Address: _____ Phone () _____
Street city state zip

Doctor's Name: _____ Phone () _____

Landlord's Name: _____ Phone () _____

Address: _____

Average Monthly Cost:

Rent/Mortgage \$ _____ Medical \$ _____ Electric \$ _____
Water \$ _____ Phone \$ _____ Auto \$ _____
Gas \$ _____
Other specify) _____ \$ _____

If you are requesting a bill payment, please supply the following information and a copy of the bill.
(For more than one bill, please attach additional pages)

Company Name: _____ Phone () _____

Address: (include street city state & zip) _____

Contact Person: _____

Account # _____ Total Amt Due \$ _____ Min. Payment \$ _____

List Two Family References (not living with you)

1. Name: _____ Phone () _____

Address: (street city state & zip)

Occupation: _____

2. Name: _____ Phone () _____

Address: (street city state & zip)

Occupation: _____

Other Sources Willing to assist with this need

Name: _____ Phone () _____ Amt \$ _____

Name: _____ Phone () _____ Amt \$ _____

Church Use Only

Date received: _____

Action: Approved Disapproved Reason: _____

Make Check Payable to: _____ \$ Amt _____ Check # _____

Mailed to: _____

Date Paid _____

Prepared By: _____



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FORM I

Transforming Lives Through Ministry! Greater Metropolitan Academic Scholarship Application

Please print (in black ink only) or type. Use additional sheets if necessary.

Current Date: _____

Applicant Name: _____ Home Phone: _____

Home Address: _____ Secondary Phone: _____
Street City / State Zip

School Currently or Most Recently Attended: _____

School Address: _____
Street City / State Zip

G.P.A. / scale: (please attach copy of transcript) _____ A Minimum of a 2.5 GPA on a 4.0 Scale is required

Name the **ACCREDITED ACADEMIC** Institution You Will Be Attending _____

School Address: _____
Street City / State Zip

Note: For students entering a new school – please attach copy of college acceptance letter

Enrollment Date for Upcoming School Term: _____ Graduation Date (H.S. Seniors Only): _____

Current or Intended College Major / Minor: _____

Please Mark Grade Level for Upcoming Term: Freshman ____ Sophomore ____ Junior ____ Senior ____

What Are Your Current School Extracurricular Activities _____

Current Church Activities / Ministry Involvement: _____

If none, please explain: _____

SECTION B: ADDITIONAL REQUIREMENTS TO BE SUBMITTED BY ALL APPLICANTS

1. A current church member in good standing for at least one year based on your attendance and your family's financial support of GMMBC.
2. Two letters of recommendation: one from a school official on school letterhead; and one from a non-family church member. (Please include names, phone number and address along with recommendations.) Letters **must be submitted by March 31st**.
3. In a minimum of 150 words, please explain why you are qualified for this scholarship. This short essay **must be submitted by March 31st**.
4. An interview with the GMMBC Scholarship Committee will be scheduled after receipt of the criteria listed above.
5. An **official** copy of your transcript **must be submitted by June 30th**.
6. A service project benefitting the GMMBC family must be completed prior to your Fall Term enrollment date.
7. **THIS SCHOLARSHIP CAN BE RECEIVED A MAXIMUM OF THREE (3) TIMES.**
8. Your application will not be considered unless all requirements are completed by the deadline dates.
9. **SUBMISSION OF YOUR APPLICATION DOES NOT GUARANTEE THIS SCHOLARSHIP WILL BE AWARDED.**



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SICK & SHUT IN NOTIFICATION

Date Reported: _____

Reported By: _____

Contact Number: _____

Member's Name: _____

Home Address: _____

Home Phone: _____

HOSPITAL INFORMATION

Hospital Name: _____

Hospital Address: _____

Patient's Room #: _____

Patient's Telephone #: _____

Date Released: _____

VISITATION NOTES

Date Visited: _____

Date Called: _____



Communion Requested Y N
Greater Metropolitan M.B. Church

FORM K n Served on _____

~~Date Removed from M. B. Church~~
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CHURCH VEHICLE REQUEST

BUS [] VAN []

Please Allow at Least 5 working days to process request

Day and Date of Usage: _____

Requested by: _____ Date of Request _____

Group Using Vehicle: _____ No. in Group _____

Destination: *(Please include the name, address, and telephone number.)* _____

Departure Time: _____ Return Time: _____

Driver (s) : _____

Ministry Leader: _____

Address: _____

Phone: _____

Insurance Provider: _____

Agent Name & Phone: _____

Mileage: _____ Gas: _____

I assume all responsibility for the condition and safe return of this vehicle. I have read and accepted the terms stated in the operating policy of the church bus.

Signature Date

OFFICE USE ONLY

Approved By: _____ Title _____



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FORM L

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Facility Usage Request Form

Please note that a *Facility Usage Request Form* must be completed for each event, and submitted for approval two weeks prior to the requested date with the exception of funerals.

Today's Date: _____ Request Submitted By: _____

Event Type: _____ Event Contact: _____

Contact Phone: _____ Email Address: _____

Dates/times requested by first preference:

1st Date Preference: _____ 2nd Date Preference: _____

Time Preference: _____ Time Preference: _____

Setup Time: _____ Setup Time: _____

** Set-up Time is the time you need access to the requested room.*

This request is a: *single event* , or a *recurring event* .

For *recurring events*, please note regular dates & times below:

Recurring Dates:

Please check Requested Room/s:

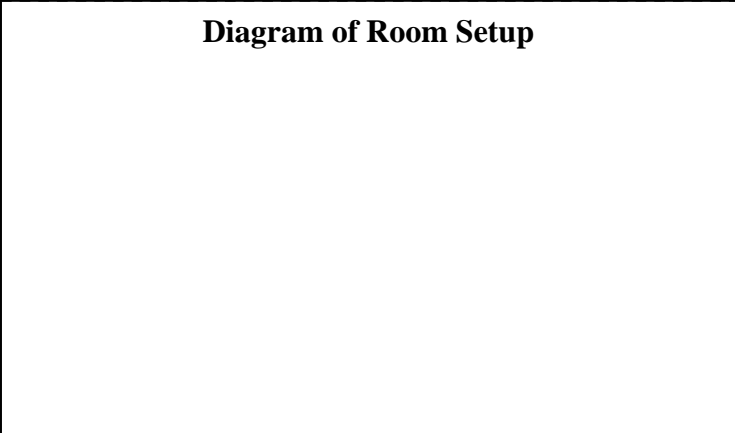
- Sanctuary
- Classroom(s): _____
- Large Fellowship Hall
- Small Fellowship Hall
- Other: _____

Will event require kitchen access? Yes No
(if yes, please refer to guidelines for kitchen usage)

of attendees expected: _____

of chairs needed: _____

of tables needed: _____



Greater Metropolitan Church Ministry Participation

- | | | |
|---|-------------|----|
| 1. Will this event require the participation of the audio ministry? | Circle: YES | NO |
| 2. Will this event require the participation of the video ministry? | Circle: YES | NO |
| 3. Will this event require the participation of the music ministry? | Circle: YES | NO |

Is this event considered a special event (church-wide event rather than departmental)? Yes No

Approved: Yes No

Approval Stamp

Facility Director Signature



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Standard Fee Schedule

	Active Member	Inactive Member	Non-Member
Bus Rental (applicable for usage except as stated in Bus Policy)	.50 per mile plus payment for fuel consumed during trip	.50 per mile plus payment for fuel consumed during trip	.50 per mile plus payment for fuel consumed during trip
Bus Cleanup (assessed if bus is not adequately cleaned by group upon return from trip)	\$50.00	\$50.00	\$50.00
Rental of Fellowship Hall (other than funeral related)	\$150.00	\$200.00	\$200.00
Funerals – Sanctuary Usage	n/a	\$300.00	\$300.00
Funerals – Fellowship Hall Usage for Repast following service	\$125.00	\$175.00	\$175.00
Wedding Services (includes ceremony, license, seminar & materials)	\$300.00	\$450.00	\$450.00
Late Arrival Assessment – Weddings (incurred every ½ hour after the initial ½ hour grace period)	\$50.00 / every 30 minutes	\$50.00 / every 30 minutes	\$50.00 / every 30 minutes



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