

Process to partner with the Tulsa Cornerstone Assistance Network to increase the life-transforming community ministries of our church

A. We would like assistance from this Network in these areas:

Yes!
Interested

- STARTING NEW MINISTRIES**
- Car Care Clinics** (activating church mechanics to start a monthly car care ministry)
 - Discipling those in Poverty** (transforming lives via the Work Opportunity Center)
 - Job Training Classes** (starting Jobs for Life curriculum)
 - Medical Clinics** (starting a weekly clinic through Good Samaritan Health Services)
 - Mental Health Services** (establishing services with the help of Bright Tomorrows)
 - Tulsa County Jail** (transitioning the unchurched through a small group curriculum)

RECEIVING RESOURCES

- Christmas Turkey Distribution** (receiving turkeys to give to area families)
- Computers** (receiving computers for operations and to train children and adults)
- Furniture Ministry** (picking up furniture from Cornerstone to help families)

BUILDING CAPACITY

- Fund-Raising Assistance** (grant writing, banquets, corporations, etc.)
- Training to Establish an Infrastructure for Community Ministry & Discipleship**
- Strategic Planning Facilitation** (visioning, outlining and fulfilling ministry dreams)
- Other:** _____

B. We choose the following persons to serve on the Board of Liaisons:

Primary Liaison Name: _____ Address: _____ Zip: _____
 Phone: _____ Cell Phone: _____ Email: _____
 Role in the Church: _____

Secondary Liaison Name: _____ Address: _____ Zip: _____
 Phone: _____ Cell Phone: _____ Email: _____
 Role in the Church: _____

C. We pledge to the shared responsibility of funding this Network:

- We will help monthly according to our church size:
 ___ Under 200 members: \$25 - \$50 per month. We choose this amount: \$ _____
 ___ 201 - 500 members: \$50 - \$75 per month. We choose this amount: \$ _____
 ___ 500 members & up: \$75- \$100 per month. We choose this amount: \$ _____

OR We will help in the following amount: \$ _____ per _____

Church: _____ Pastor's Name: _____
 Fed Id#: _____ Address: _____ City: _____ Zip: _____
 Email: _____ Day Phone: _____ EvePh: _____ Cell: _____
 (For Office Use Only: _____)

Signed: _____ **Date:** _____