

Divine Mercy Catholic Church Ministry Organizational Chart

MUSIC AND LITURGY
Carol Ponder

Sacristans

Lectors

Altar Servers

Music/ Media

Eucharistic Ministers

Arts & Environment

Ushers/ Ministers of
Hospitality

Faith Formation
Mary Frances Coburn

RCIA

Retreats

Religious Education

Vacation Bible School

Great Adventure
Bible Study

Walking with Purpose
Women's bible study

Weddings/ Baptism
Preparations

Divine Mercy Academy

Reading Grannies/Grampies

Volunteer Ministry
Robin Lake

Sr. Games

Wings

Adoration

Martha's

SMALL CHRISTIAN COMMUNITY

Anne's Angels

Men of Faith

Rosary Makers

Centering Prayer

Share the Word

Gardening Angels

Family Ministry

Coffee and Donuts

St. Vincent de Paul

Ministers to the Sick

Knights of Columbus

Welcome Committee

Lenten Soup and Bread

Charismatic Prayer
Group

Council of Catholic
Women

Antoinette Schultz Bereavement

Jonathan Weatherford Maintenance

Gayle Little Youth ministry Lifeteen/Edge

Mike Harris Youth ministry coordinator



All are Welcome

We, the community of Divine Mercy Parish, profess and proclaim Christ crucified, risen and alive in His Church. We invite all to a life of discipleship through worship, ongoing formation, merciful witness, and service which actively builds the Kingdom of God here on earth and by which we journey towards the eternal Kingdom in Heaven.

UPDATED Ministry Information Sheet (10/2018)

Please complete the form and provide as much detail as possible. This information will be reviewed and prayerfully considered by the Leadership Team to confirm that the ministry addresses a current need within either our parish community or the greater local community and is within the capabilities of our parish to successfully implement.

Ministry: _____

Meeting location & time: _____

How does this ministry further the mission of Divine Mercy Church? _____

What resources are used? (leadership, volunteers, resources, funding, approximate #'s, etc.) _____

Your Name _____ Phone Number _____

Email Address _____

Thank you for your passion to make a difference!

Received by _____ Date _____ Reviewed _____ Date _____



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Proposed New Ministry Information Sheet

Please complete the form and provide as much detail as possible. This information will be reviewed and prayerfully considered by the Leadership Team to confirm that the proposed ministry addresses a current need within either our parish community or the greater local community and is within the capabilities of our parish to successfully implement.

Proposed New Ministry:

How will this ministry further the mission of Divine Mercy Church? _____

What resources are needed? (space, volunteers, resources, funding, audio/ visual etc.)

Is the service provided by this Ministry available elsewhere in the local community? _____

Your Name _____ Phone Number _____

Email Address _____

Thank you for your passion to make a difference!

Received by _____ Date _____ Reviewed _____ Date _____

Approved: _____ Date: _____

Declined: _____ Date: _____

Ministry Event and Check Off Form

Ministry Name _____ Date Submitted _____

Date and time of Event _____

Contact Persons Name _____

Phone number _____

Email Address _____

Check list for ministry

1) Leadership approval _____

2) Promotions to Communications _____

See Promotion Information Sheet

3) Room set up to maintenance _____

(See diagrams)

Type of tables (circle one) Rectangular/ Circular

Number of chairs each table _____

4) Needs: (coffee pots, plates napkins, cups ect)-

Notes: _____

PROMOTION INFORMATION

Bulletin If you would like something printed in the bulletin for your ministry/event, email Danielle Cardamone at cardamoned@divinemerchchurch.org with the following information.

- . Description of event
- . Date and time of event
- . Location of event
- . Name of contact person
- . Phone/email of contact person

If tickets are being sold:

- . How much do the tickets cost?
 - . Where are the tickets available for purchase?
- * Purchase needs to be a \$20.00 minimum for the iPad to be used.

This information should be written and formatted as you would like it to appear in the bulletin. All submissions are subject to change. Information must be submitted no later than one week prior to the weekend you would like your announcement to appear in the bulletin.

Include in the email which weekend(s) you would like your submission to appear in the bulletin.

Submissions run for a maximum of two weeks unless otherwise approved.

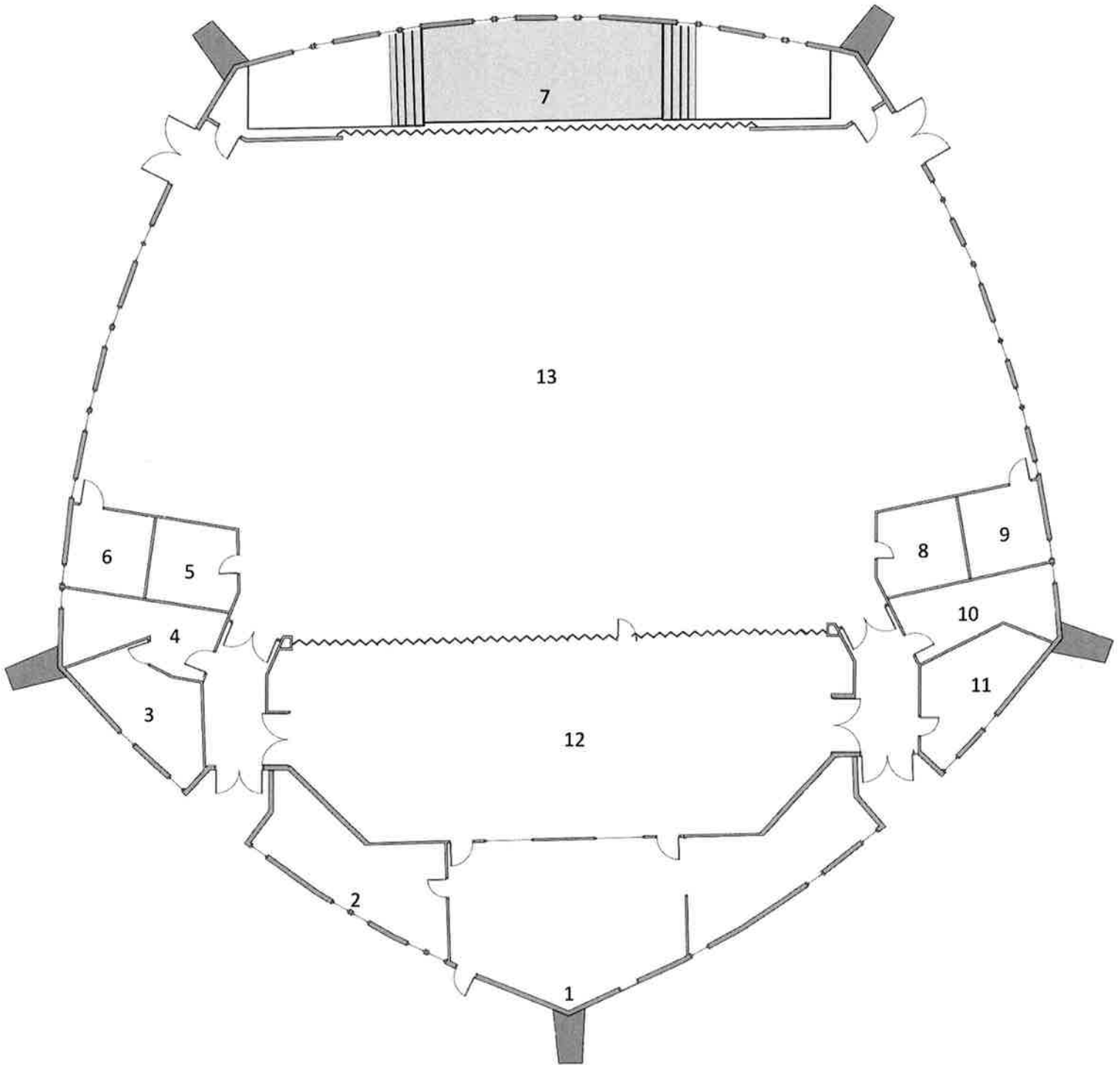
*During the times of Christmas, Easter, and Thanksgiving, you must submit this information at least two weeks prior to the weekend you would like your announcement to appear in the bulletin. Due to this busy time, whether submissions will be included depends on availability of space in the bulletin. The same constraints pertain to any of the following:

Website If you would like something put onto the website email Danielle Cardamone at cardamoned@divinemerchchurch.org with the information listed above.

Announcements at Mass If you would like information announced at the weekend Masses, email Carol Ponder at carol@divinemerchchurch.org with the information listed above.

Slides at Mass/Social Media If you would like something advertised on the slides shown prior to the weekend Masses or if you would like something announced via social media email Danielle Cardamone at cardamoned@divinemerchchurch.org.

DOME



- 1. Kitchen
- 2. Pantry
- 3. FACP
- 4. Women's Restroom
- 5. Control Booth
- 6. A/C Room South
- 7. Stage
- 8. Bingo Closet
- 9. A/C Room North
- 10. Men's Restroom
- 11. Maintenance
- 12. Social Hall
- 13. Dome

SQFT	TITLE	OCCUPANCY	SCALE
7280	Dome	485	.05 in = 1 ft

SQFT	TITLE	OCCUPANCY	SCALE
1587	Social Hall	106	.05 in = 1 ft



1940 N Courtenay Pkwy
Merritt Island, FL 32953
(321) 452-5955



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Ministry/Event Deposit Slip

Submitted By: _____

Name of Ministry: _____

Date: _____

Ministry Event: _____

Tamper Evident Bag #: _____

Number of Checks: _____

Amount of Checks: _____

Amount of Cash: _____

Subtotal: _____

Total Amount to Be Deposited: _____

Total Credit Card Sales: _____

Ministry/Event Deposit Slip

Submitted By: _____

Name of Ministry: _____

Date: _____

Ministry Event: _____

Tamper Evident Bag #: _____

Number of Checks: _____

Amount of Checks: _____

Amount of Cash: _____

Subtotal: _____

Total Amount to Be Deposited: _____

Total Credit Card Sales: _____

Check Request Form

Date Submitted: _____

Amount of Check: _____

Payee: _____

Address: _____

Return Check To: _____

Mail Check To: _____

Check Requested By: _____

Approved By: _____

Attach Invoice/Reason for Check: _____

Check Request Form

Date Needed By: _____

Amount of Check: _____

Payee: _____

Address: _____

Return Check To: _____

Mail Check To: _____

Check Requested By: _____

Approved By: _____

Attach Invoice/Reason for Check: _____