



Employee Ministry Benefit Application

Employee Information

Name _____

Title _____

Department _____

Ministry Project Information

Dates _____

Organization/Church Name _____

Location of Service _____

Purpose: What is the purpose of the project?

Role: What is your individual ministry role?

Employee Signature/Date _____

Manager Approval/Date _____

Please submit this form to hresources@moody.edu

For Administration Only	
Ministry Benefit Committee Determination & Date	