## Wood County Area Ministries (WAM) Network Church Data Sheet

Currently, to become a member of WAM, a church/organization must fill out and return the Church Data Sheet and send representative(s) to the monthly meetings where dialogue on better ways of serving, cooperation, and mutual learning occurs.

## **Mission Statement**

Through understanding, communication, compassion and cooperation Wood County Area Ministries, an interfaith network, will equip and organize its members to better serve the underserved in our community.

## **Vision Statement**

WAM seeks to meet the basic needs of the people in our community through faith and compassion by empowering them to live self-sufficient and spiritually fulfilled lives

Please tell us about your church:

Address  City, State, Zip  Phone Fax Email  Church Website  Would you like the WAM website to link to your website? Yes No
Phone Fax Email  Church Website  Would you like the WAM website to link to your website? Yes No
Church Website  Would you like the WAM website to link to your website? Yes No
Would you like the WAM website to link to your website? Yes No No Do you have a prayer network that could pray for WAM and the families we serve? Yes No Please tell us about your church staff/leadership:  Senior Pastor Phone Email Other Pastor/Staff Phone Email Other Pastor/Staff Phone Email  Semior Pastor Email Email Business Manager
Yes No
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Other Pastor/Staff Phone Email Business Manager
Phone Email Business Manager
Business Manager
Phone Email
Administrative Assistant
Phone Email
Mission/Outreach Leader
Phone Email
WAM Council Representative
Phone Email

Please tell us about ministries with people in need at your church:

Ministry Name
Describe the ministry:
Hours of operation Days Times to
Does someone need a referral to be served? Yes No
Ministry Leader
Phone Email
Ministry Name
Describe the ministry:
Hours of operation Days Times to
Does someone need a referral to be served? Yes \( \square \) No \( \square \)
Ministry Leader
Phone Email
Ministry Name
Describe the ministry:
Hours of operation Days Times to
Does someone need a referral to be served? Yes No
Ministry Leader
Phone Email
Ministry Name
Describe the ministry:
Hours of operation Days Times to
Does someone need a referral to be served? Yes \( \square\) No \( \square\)
Ministry Leader
Phone Email
Date submitted: