

Faith Connections' Partners In Ministry Agreement

Agency/Church Name: _____

Contact Person/Persons and position: _____

Physical Address: _____

Mailing Address: _____

Office Phone: _____ Fax: _____ Home: _____

Email: _____

Support Amount/Partnership Focus: _____

Church's vision/ministry to the community: _____

As a Partner In Ministry with the Wilson County Department of Social Services' Faith Connections Program, I agree to the use of our church/agency name to be used to identify our church/agency as a "Partner In Ministry". This information may be released in presentations that the Faith Connections' Program Coordinator may make to other area churches/agencies only as an indicator of said partnership. This information will also be included on the Faith Connections' Assistance contract as an indicator of said partnership. (see attachment).

Signature: _____ Date: _____