

Form for Planning In-Person Indoor Worship (Orange, Yellow Risk Levels)

Any plan for indoor worship must be provided in writing to the Bishop's Office at least by noon on the Wednesday prior to the first such service. Email this form to Canon Wright at awright@dioceseofnewark.org. One form is sufficient for a recurring similar service. The accompanying resource guide should be referenced to make your plan for worship.

Applicant name and title/role: _____ Date: _____

Email address: _____ Cell phone: _____

Congregation Name and Town/City: _____

Date for initial indoor service: _____ Start time: _____ End time: _____

How many services are scheduled on one day? _____

Service: _____

How many can your space safely hold (please check most recent guidelines on maximum number)?

Describe method of ensuring attendance below maximum (reservations, etc.): _____

Describe how you will log contact information for attendees, to allow contact tracing if necessary:

What steps are you taking to train Ushers and other liturgical ministers? _____

Describe your cleaning procedures including who will be doing the cleaning: _____

Is vocal music part of your planned service? _____

Describe steps taken to reduce risk from singing _____

Who are your designated Medical Responders? _____

On a separate page, please provide a drawn layout of the setup you intend for the service, noting location of liturgical ministers and furnishings, the spacing of congregational seating, and entry/exit traffic flow. This can be a photograph of a hand-drawn layout.

We, the undersigned leaders of _____

in _____, affirm that we have read and understood the Guidelines for In-Person Worship and will strive to follow it in any in-person indoor worship gatherings that our church conducts. In addition, we affirm that we have the requisite hand sanitizer and masks to be supplied to parishioners as needed.

Rector/Vicar/Priest-in-charge: _____

Congregations without regular clergy may contact Canon Clark or Canon Wright, if assistance is needed.

Date: _____

Warden: _____ Date: _____

Warden: _____ Date: _____