

California Partnership Request Form

Project
Number

NAME

ADDRESS

PHONE

(H)

(W)

(Cell)

EMAIL

LOCATION OF MISSION
REQUEST

REGION OF STATE

CLOSEST MAJOR CITY

ASSOCIATION

(Required)

PREFERRED DATE(S):

NOTE: Teams may be able to work an alternate date. Would you be willing to change dates, if needed? _____ YES _____ NO

Response to request needed by: _____

Position held in church:

___ Full-time pastor

___ Bi-Vocational pastor

___ Church Planter

___ Deacon

___ Other _____

PREFERRED SIZE OF MISSION TEAM: _____

LOCAL CONGREGATION COMMITMENTS:

How many church members will be available to assist with this _____

Lodging to be provided by:

___ Church members homes ___ RV hook ups

___ Existing church building ___ Campground

___ Local motels (if so, average cost) _____

___ Other _____

Meals to be provided:

___ All ___ Kitchen available

___ One per day ___ Negotiable

If the project in question is a construction project, have the proper permits been secured?

___ Yes ___ No ___ Applied for

Building materials/supplies:

___ Provided ___ Not provided ___ Assistance needed

CONGREGATION IS:

___ Mission Status

___ Constituted Church

___ Language/Ethnic Congregation

NUMBER OF MEMBERS: _____

PROJECT DESCRIPTION:

(In the space provided below, please write a brief summary of the project to be completed. Be sure to include all pertinent information, as well as, the purpose of the project.)

REQUEST FORM CONTINUED

Additional Comments:

Multiple horizontal lines for writing additional comments.

Partnership Coordinator Signature:

Horizontal line for Partnership Coordinator Signature.

Associational Missionary or Director of Missions Signature:

Horizontal line for Associational Missionary or Director of Missions Signature.

Additional Comments or Suggestions:

Multiple horizontal lines for writing additional comments or suggestions.

Georgia Communication Log:

Multiple horizontal lines for the Georgia Communication Log.



OFFICE USE ONLY

DATE RECEIVED BY MISSION VOLUNTEERS MINISTRIES

Horizontal line for date received by Mission Volunteers Ministries.

DATE ASSIGNED BY MISSION VOLUNTEERS MINISTRIES

Horizontal line for date assigned by Mission Volunteers Ministries.

ASSIGNED TO

Horizontal line for assigned to.

DATE S OF SERVICE

Horizontal line for date s of service.

OTHER INFORMATION

Horizontal line for other information.