

New York Partnership Request Form

Project
Number

NAME

LOCATION OF MISSION
REQUEST

(Required)

ADDRESS

REGION OF STATE

CLOSEST MAJOR CITY

PREFERRED DATE(S):

PHONE

(H)

(W)

(Cell)

EMAIL

ASSOCIATION

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:

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:

Horizontal lines for writing additional comments or suggestions.

Georgia Communication Log:

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 name assigned to.

DATE S OF SERVICE

Horizontal line for date of service.

OTHER INFORMATION

Horizontal line for other information.