# North Carolina / Pennsylvania-South Jersey Partnership

FOR NC OFFICE PROJECT #

USE ONLY

# Volunteer Request Form

2024

## *FOR THOSE REQUESTING A VOLUNTEER MISSION TEAM FROM NORTH CAROLINA*

Please return to:

Mark Abernathy, Consultant for Partnership Missions, Baptists on Mission, Baptist State Convention of North Carolina

E-mail: mabernathy@ncbaptist.org Phone: 919-459-5607 Text: 919-291-3657 Fax: 919-460-6329

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Person Making Request** | Phone | Mobile Phone | Date Request Made |
|  | ( ) | ( ) |  |
| Name of Church or Organization |
|  |
| Address, City, State, ZIP of Person Making Request | E-mail Address of Person Making Request |
|  |  |
| Location(s) of the Project (city or area) | Address of the Project |
|  | Address:City, State, ZIP Code: |

PROJECT DESCRIPTION

|  |  |
| --- | --- |
| Type of Project (VBS, Evangelism, Construction, etc.) | Length of Assignment (in days, weeks, etc.) |
|  |  |
| Brief Description of the Project. (Include objectives, projected plans, and working conditions. Use back if needed) |
|  |
| **Materials Cost to Team (if any)** Give a detailed estimate of any materials the volunteer team would be asked to provide. |
|  |
| Preferred Dates of Project (give specific dates) | Dates flexible? | Nearest Major Airport |
| 1. From \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. From \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 | * Yes
* No
 |  |
| Number of Teams Desired | Number on Each Team | Total No. of Persons | Male/Female Ratio? |
|  |  |  |  |
| Required Qualifications and Skills | Helpful Skills |
|  |  |
| Are you requesting a specific person or church from North Carolina? | If yes, name of person / group and church/group they represent | If unavailable, should we recruit another group? |
| Yes* No
 |  | Yes* No
 |
| City and State of person/group requested (if applicable) | E-mail and Phone # of specific person/group requested (if appl.) |
|  | ( ) |

VOLUNTEER ACCOMODATIONS **(be as specific as possible, including which party will be responsible)**

|  |
| --- |
| Housing Options for Team |
|  |
| Food/Cooking Options for Team |
|  |