# North Carolina / Pennsylvania Partnership

FOR NC OFFICE PROJECT #

USE ONLY

# Volunteer Request Form

2022

## *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

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|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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)**

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