MISSION WORK WEEK

DATE: _____

Project Request

Acceptance of project will be based on ability and availability of the missionaries.

Complete and return to Local Missions Mailbox.

Name of person with project: _____

Address: _____

_____

Phone: _____

Email: _____

Please describe the project and potential materials needed:

Is the nominee able to pay for/supply the materials needed to complete the project?

__Yes, I can pay for: _____

_____

__ I may need help paying for: _____

_____

Project submitted by: _____

Missionary Sign-Up

The more people that sign up, the more projects we have the potential to accomplish!

Complete and return to Local Missions Mailbox.

Name(s): _____

☐ Individual __# people in Family group helping

Best Contact Info_____ ☐Text ☐Call

#People on Days Available:

☐Mon ☐Tu ☐Wed ☐Thurs ☐Fri ☐Sat

#/Adult T-Shirt Sizes: ☐3XL ☐2XL ☐XL ☐L ☐M ☐S

#People/ Skills: __Painting __Yard Work __Cleaning

__Using Power Tools __Build Structures __Drive Trailer

__Other: _____

Year_____ **OFFICE USE ONLY:**

☐Project has been assessed by _____

☐Contacted / Date: _____

☐Approved ☐Not Approved

Est. People needed for job: _____

Date to start project: _____

Date Project Complete: _____

If not, who is completing it? _____

Materials/Equipment Needed:	**Estimated Cost:**
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____