IOWA – TENNESSEE
VOLUNTEER MISSIONS PROJECT REQUEST

ADOM Roger Graves _____

SDOM Ed Gregory _____

OFFICE USE ONLY
Project #
Date Received:

LOCATION OF ASSIGNMENT **Name of Church or Ministry**	**LENGTH OF ASSIGNMENT**
Address:	**Association/Region of State:** **South Central Baptist Association**
Contact Person: **Address:**	**Phone #** _____ **Email** _____ **Fax #** _____
Dates of Assignment:	**Arrival Date:** _____ **Departure Date:** _____
Type of Assignment: **Number of Volunteers needed:** _____	**Preference: (Circle, or Bold and Underline)** **Youth Team Adult Team No Preference** **Male Female No Preference**
Please check as many as needed __ Block Parties __ Crafts __ Backyard Bible Clubs __Drama __ Camps __ESL __ Clown Ministry __Puppets __ Church Planting __Revival __ Conference __ Sports __ Revival Teams __ VBS __ Student Ministry __ Music __ Other :_____ _____	**Construction:** __ Asphalt __Remodeling __ Electric __Masonry __ New Construction* __ Metal __ Painting __ Plumbing __ Roofing __ Drywall __ Other: _____ *** For New Construction please fill out a NAMB C-1 form with request. Available from BCI**
Is a specific person or group requested? ___Yes **___ No**	**Name of group or person.** **Address:** **Phone #**
Describe the nature of the project:	
Housing Available: __Homes __ No Provision __Churches __ Other _____	**Meals Available:** __ Homes __ No Provision __ Churches __ Other _____
Special Qualifications:	
Equipment Team will need to bring:	**Other Resources Needed:**

If project is not filled by this date _____ **please notify and withdraw the project.**