



# NATIONAL EVANGELISM WITH SOJOURNERS

## CHURCH OF CHRIST SOJOURNER MISSION

5554 Cooks Road  
Telephone: (903) 935-5742

Marshall, TX 75670-9130  
Fax: (903) 935-7367

### INSTRUCTIONAL REQUEST FOR HELP

"It was He who gave some to be apostles, some to be prophets, some to be evangelists, and some to be pastors and teachers, to prepare God's people for works of service..." Ephesians 4:11-12

Name: \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_  
Congregation / School / Camp

Geographic Location (Specific) \_\_\_\_\_  
Actual location of the building, I.E., Road, Street, Highway, etc.

Mailing Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Street, Route or PO Box City State Zip

Population: \_\_\_\_\_ Location (area of state or miles from large city:) \_\_\_\_\_

How many consecutive Sojourns have been completed at this location? \_\_\_\_\_

Person to contact: Elder, Leader, or Preacher Best Time To Call: \_\_\_\_\_

Name	Address	Title	Phone
Names and Addresses of Elders, or Principal Leaders:			

Name	Address	Title	Phone

Name	Address	Title	Phone

Preacher: \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time \_\_\_\_\_  
Name Address Phone

**A signed Waiver of Liability** must be signed (see reverse side).

#### I. CHURCH INFORMATION ONLY:

A. Number of members \_\_\_\_\_ Attendance Sunday AM \_\_\_\_\_ PM \_\_\_\_\_ Wednesday \_\_\_\_\_

B. What percent of the congregation represents the following age categories?

10 yrs - 19 yrs \_\_\_\_\_%; 20 yrs - 39 yrs \_\_\_\_\_%; 40 yrs - 60 yrs \_\_\_\_\_%; over 60 yrs \_\_\_\_\_%

C. Check the Instructional work you would like the Sojourners to do:

- |  |  |
|--|--|
| <input type="checkbox"/> How to study the Bible                                | <input type="checkbox"/> Parenting/Family                |
| <input type="checkbox"/> Christian Living                                      | <input type="checkbox"/> Personal Evangelism Workshop    |
| <input type="checkbox"/> Leadership Training                                   | <input type="checkbox"/> Singing Workshop                |
| <input type="checkbox"/> Evangelism Workshop                                   | <input type="checkbox"/> Sojourner Story                 |
| <input type="checkbox"/> Listening Lab   | <input type="checkbox"/> Teaching Bible with Power Point |
| <input type="checkbox"/> Other – Please list your need not listed above: _____ |  |

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**II. PARKING INFORMATION:**

- A. Can we park our RV's on the church parking lot? \_\_\_\_\_ How Many? \_\_\_\_\_
- B. Are hook-ups available at the above location? \_\_\_\_\_ How many? \_\_\_\_\_
- C. Do the hookups have electric (30 amps) \_\_\_\_\_ Water \_\_\_\_\_ Sewer \_\_\_\_\_
- D. Where is the main electrical box located so we can connect into it if necessary?
  - 1. Inside the building, but close to an outside door or window? \_\_\_\_\_
  - 2. In the middle of the building, not easily accessible from the outside? \_\_\_\_\_
  - 3. Outside the building? \_\_\_\_\_
- E. Where is a dump located where RV's can dump their sewer water? \_\_\_\_\_
- F. Is a permit needed from the Governmental Authorities to park RV's on the church parking lot or at your organization's location? **(must answer)** \_\_\_\_\_. If yes, has this permit been obtained? \_\_\_\_\_
- G. Will Sojourners be required to stay in an RV Park? Give cost per week \_\_\_\_\_
- H. Name and location of the RV park \_\_\_\_\_  
 Is the church willing to help with this expense? \_\_\_\_\_ To what extent? \_\_\_\_\_

**III. DATES:**

**A. The Sojourner that will teach your request, will contact you -**

**Use the remainder** of the page for any information or explanation needed. \_\_\_\_\_

Requested by: **(Signature Required)** \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
[Elder] [Deacon] [Preacher] [Member] [Director]

**Waiver of Liability  
For Sojourner Work Request**

We, \_\_\_\_\_ (Name of Entity Requesting Sojourn) release and forever discharge National Evangelism

with Sojourners (NEWS), its administrators, staff, and all other persons, none of whom admit liability, from any and all claims, demands, actions, causes and action or suits of any kind or nature whatsoever and particularly on account of all injuries, damages, theft or deaths, known and unknown, both to person and property, which have resulted, or may in the future develop, from any accident or loss which might occur as a result of any work event or activity voluntarily performed by NEWS on the undersigned's property. The undersigned hereby declares that these terms have been completely read and are fully understood and voluntarily waive all claims, stipulated or otherwise, on account of the injuries, losses and damages above mentioned, and for the express purposes of precluding, forever, any further or additional claims arising out of any possibility of accident, loss, or damages by the undersigned.

By signing below I agree that I have read and thoroughly understand all of the above.

\_\_\_\_\_  
Name of Entity Requesting Sojourn

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Title