



NATIONAL EVANGELISM WITH SOJOURNERS

CHURCH OF CHRIST SOJOURNER MISSION

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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