

NATIONAL EVANGELISM WITH SOJOURNERS

CHURCH OF CHRIST SOJOURNER MISSION

5554 Cooks Road

Marshall, TX 75670-9130

Telephone: (903) 935-5742

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REQUEST FOR HELP



NOTICE: Requests **MUST** be received in our office by **September 1** to be considered **for the following year**. **It is very important that the contact person (or alternate) is available between the 1st and 2nd Monday of October.**

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, Preacher or Director Best Time To Call: _____

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

Name	Address	Title	Phone

Name	Address	Title	Phone

Preacher: _____ Full Time ___ Part Time ___
Name Address Phone

An evaluation must be received in Sojourner Office prior to approval of subsequent Sojourns.

I. CHURCH INFORMATION ONLY: (We do not sojourn where the membership is over 150)

A. Number of members _____ Attendance Sunday AM ____ PM ____ Wed. _____

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. Indicate best times for your members to work with Sojourners: AM ____ PM ____ During week ____ Weekends ____

D. State the **SPIRITUAL** work the Sojourners will do: _____

E. Are there any special classes or subjects you want taught? _____

F. Will the Sojourners conduct all or just help with the Worship services? All _____ Help _____

G. List members prepared to help in this work: _____

PHYSICAL work the Sojourners will do at the **CHURCH**: _____

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II. INFORMATION FROM OTHER ORGANIZATIONS: (Youth camps, orphans homes, colleges, schools, etc.)

- A. Is this establishment under the direct supervision of elders of the Church of Christ? _____
- B. Is this establishment operated by a board of Directors or trustees? _____
- C. Do the bylaws state "All trustees or members of the board must be active members of the Church of Christ"? _____
- D. How many churches of Christ are within a 75 mile radius of this establishment? _____
- E. Is this establishment used by organizations other than the Church of Christ? (schools, civic, religious) _____
If yes, explain: _____
- F. How many weeks per year is this establishment used or open? This applies to youth camps. _____
- G. Are you able to do this work yourself? _____ Yes/No Explain _____
- H. State what you want the Sojourners to do. _____

NOTE: No buildings constructed; no roofs; roof repair; or work over 10 feet above ground

- H. Any special equipment or expertise needed? _____

III. PARKING INFORMATION:

- A. Can we park our RV's on the church parking lot? _____ How Many? _____
- B. Can we park our RV's at the camp, school, orphans home, etc. _____
- C. Are hook-ups available at the above location? Yes/No Water Yes/No Sewer Yes/No
- D. Do the hookups have electric? 30 amps Yes/No How Many? _____ 50 amps Yes/No How Many? _____
- E. 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? _____
- F. Where is a dump located where RV's can dump their sewer water? _____

- G. 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? _____

- H. Will Sojourners be required to stay in an RV Park? _____ Give cost per week _____

- I. Name & location of the RV Park _____

Is the church willing to help with this expense? _____ To what extent? _____

IV. ARRIVAL INFORMATION:

- A. What dates do you prefer for this sojourn?

1st choice _____ **2nd choice** _____ **3rd choice** _____

- B. How many Sojourners (RV rigs) do you need to complete this work? _____

- C. How long do you want the Sojourners to stay? _____ Weeks; _____ Months;

Use the remainder of the page for any information or explanation needed. _____

Requested by: (**Signature Required**) _____ Phone (____) _____

[Elder] [Deacon] [Preacher] [Member] [Director]

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A signed Waiver of Liability must accompany each Request for Help.

**Waiver of Liability
for
Sojourner Work Request**

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

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