



# NATIONAL EVANGELISM WITH SOJOURNERS

## CHURCH OF CHRIST SOJOURNER MISSION

5554 Cooks Road  
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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 1<sup>st</sup> and 2<sup>nd</sup> Monday of October.**

Name: \_\_\_\_\_ Request 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:

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 \_\_\_\_\_ Evenings \_\_\_\_\_ 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: \_\_\_\_\_

H. **PHYSICAL** work the Sojourners will do at the **CHURCH BUILDING**: \_\_\_\_\_

**NOTE: No buildings constructed; no roofs or roof repair**

**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 or roof repair**

- I. Is a background check or Health Dept. permit required by your state for Sojourner to work at your facility?  
Yes \_\_\_\_\_ No \_\_\_\_\_
- J. 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? \_\_\_\_\_  
Please state the maximum length of an RV you can accommodate: \_\_\_\_\_
- 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; \_\_\_\_\_

Requested by: (**Name of Authorized Person**) \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
[Elder] [Deacon] [Preacher] [Member] [Director]

**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

\_\_\_\_\_  
Name of Authorized Person

\_\_\_\_\_  
Title