



**MERGE Community Ministry
PROJECT REQUEST FORM**

To be completed by the church/organization hosting a merge community ministry site.

CONTACT INFORMATION

Church/Organization: _____ Date: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Contact Name: _____ Position: _____

Contact Number: _____ E-mail: _____

PROJECT INFORMATION

Location of Project: _____

Description of ministry/volunteer needs at site:

Our volunteers are available from 8am to 4pm on our project days (July 13-15). Would any other schedule be necessary for this project? If so, describe appropriate start/stop times:

Start Time: _____ Stop Time: _____

Are bathroom facilities available for the crew on site? (Circle one) Yes No

Name and description of materials, if any, that will be used to complete this project. (While MERGE can provide some materials, the sponsoring organization may need to assist.)

Who from your church/organization will be on-site to host our team during the project?

Name: _____ Position: _____

Phone #: _____ (Prior to Merge) _____ (at Merge)

Signed: _____ Date: _____