

Alaska Baptist Convention

VOLUNTEER MISSION & CONSTRUCTION TEAM REQUEST

2015

LOCATION OF ASSIGNMENT Name of Church or Ministry Skilled Missions Alaska	LENGTH OF ASSIGNMENT 1 week to 10 days
Address: PO Box 232131 Anchorage, AK 99523	Association/Region of State: Village/Western Alaska
Contact Person: Brian Whitson Address: PO Box 232131 Anchorage, AK 99523	Phone #907-268-8659 ____ Email: Brain@skilledmissions.org Fax # _____
Dates of Assignment: Tok: May 15-25 Shishmaref: June 13-20	Arrival Date: _Flexible _____ Departure Date: _Flexible _____
Type of Assignment: Construction Number of Volunteers needed: _____ Tok: 5-6 Shishmaref: 8-10	Preference: (Circle, or Bold and Underline) Youth Team <u>Adult Team</u> No Preference Male Female <u>No</u> Preference
Ministry/Mission Needs: Please check as many as needed <input type="checkbox"/> Block Parties <input type="checkbox"/> Backyard Bible Clubs <input type="checkbox"/> Camps <input type="checkbox"/> ESL <input type="checkbox"/> Church Planting <input type="checkbox"/> Sports Clinics <input type="checkbox"/> Revival <input type="checkbox"/> Teams <input type="checkbox"/> VBS <input type="checkbox"/> Student Ministry <input type="checkbox"/> Evangelism Training <input type="checkbox"/> Music <input type="checkbox"/> Leadership Training <input type="checkbox"/> Financial Freedom (Stewardship) <input type="checkbox"/> Other (specify) _____	Construction Needs: Please check as many as needed <input checked="" type="checkbox"/> Remodeling <input checked="" type="checkbox"/> New Construction <input type="checkbox"/> Asphalt <input checked="" type="checkbox"/> Framing <input checked="" type="checkbox"/> Electrical <input type="checkbox"/> Masonry <input type="checkbox"/> Metal <input checked="" type="checkbox"/> Painting <input checked="" type="checkbox"/> Plumbing <input checked="" type="checkbox"/> Roofing <input checked="" type="checkbox"/> Drywall <input type="checkbox"/> Other _____
Is a specific person or group requested? ____ Yes <u>No</u> _____	Name of group or person. Address: Phone # e-mail address
Describe the nature of the project:	
Housing Available: <input type="checkbox"/> Homes <input type="checkbox"/> No Provision <input checked="" type="checkbox"/> Churches <input type="checkbox"/> Other (specify) _____	Meals Available: <input type="checkbox"/> Homes <input type="checkbox"/> No Provision <input type="checkbox"/> Churches <input checked="" type="checkbox"/> Other (specify) _____ All meals during trip provided

Local Transportation: <input checked="" type="checkbox"/> Provided by local congregation <input type="checkbox"/> Team will rent <input type="checkbox"/> Other (specify)	Special Qualifications:
Equipment Team will need to bring:	Other Resources Team will need to bring:

The church voted on & authorized this request on _____.

If project is not filled by this date _____ please notify and withdraw the project.