

PARTNERSHIP INTAKE FORM



CONTACT INFORMATION

NAME OF CHURCH/ASSOCIATION _____ DATE INITIALIZING CONTACT WITH HCN _____

MAILING ADDRESS _____ CITY _____ STATE _____ ZIP _____

NAME OF MISSION TEAM COORDINATOR _____

CELL PHONE _____ CHURCH/ASSOC. PHONE _____

FAX _____ EMAIL ADDRESS _____

TEAM INFORMATION

PROJECT DATE
1ST CHOICE _____ 2ND CHOICE _____ 3RD CHOICE _____

TOTAL SIZE OF GROUP _____ MAKEUP OF GROUP (ADULT/YOUTH/CHILDREN/ MIXED) _____

WILL TEAM BE STAYING AT HEARTLAND CHURCH NETWORK BUILDING? YES NO

PROJECT INFORMATION

MINISTRY/EVANGELISM SKILLS

- | | | | | | |
|---|---|--|--|--|---|
| <input type="checkbox"/> Backyard Bible Clubs | <input type="checkbox"/> Puppets | <input type="checkbox"/> Block party/Park events | <input type="checkbox"/> Preschool Ministry | <input type="checkbox"/> Vacation Bible School | <input type="checkbox"/> Sports Clinics |
| <input type="checkbox"/> Revival | <input type="checkbox"/> Drama | <input type="checkbox"/> Choir/Music/Praise Team | <input type="checkbox"/> Surveying/Canvassing | <input type="checkbox"/> Youth ministry | <input type="checkbox"/> Health Care Clinic |
| <input type="checkbox"/> Evangelism | <input type="checkbox"/> Prayer Walking | <input type="checkbox"/> Children's ministry | <input type="checkbox"/> Senior Adult Ministry | <input type="checkbox"/> Other _____ | |

CONSTRUCTION SKILLS (Your team has individuals who are proficient or professional in the following areas)

- | | | | | | |
|-----------------------------------|--------------------------------------|--------------------------------------|-----------------------------------|----------------------------------|-------------------------------------|
| <input type="checkbox"/> Concrete | <input type="checkbox"/> Framing | <input type="checkbox"/> Roofing | <input type="checkbox"/> Plumbing | <input type="checkbox"/> Drywall | <input type="checkbox"/> Electrical |
| <input type="checkbox"/> Painting | <input type="checkbox"/> Finish work | <input type="checkbox"/> Other _____ | | | |

Can team provide financial assistance for purchase of materials? Yes No

UNIQUE SKILLS

HCN OFFICE USE ONLY

TEAM ACCEPTED THE FOLLOWING PROJECT ASIGNMENT

PROJECT NAME OR LOCATION: _____

PASTOR/CHURCH PLANTER: _____

DATE OF PROJECT: _____