

“Community Projects”

PROJECT SUGGESTED BY:

Name: _____

Email: _____ Phone # _____

Cell # _____

PROJECT INFORMATION

Project Name: _____

Project Location: _____

Project Description: _____

Name of person to be served: _____

Phone #: _____ Have they been contacted?

Yes _____ No _____

_____ Yes, I am willing to lead this team.

_____ Yes, I am willing to be a member of this team.

Minimum Volunteers Needed: _____ Maximum Volunteers Needed: _____

Age Range (Circle all that apply): Kids Teens Adults Seniors Families

Resources Needed (truck, shovels, etc.): _____

Specific Skills Needed for Project: _____

Other Information: _____

Please return this form to the Bridge Ministries Information Center