Appalachian Mountain Ministry
Request Form For Missions Volunteers

Association/Church/Ministry Center Making Request:

_____

Contact Person:

_____

Mailing Address:_____
City:_____ State:_____ Zip: _____

Physical Address:_____
City:_____ State:_____ Zip: _____

Phone Numbers to be listed:

_____

Email:_____

Project No. _____

Date Received: _____

To Be Completed by AMM Staff

Dates volunteers are needed:

_____

Association: _____

Director of Missions/Telephone Number:

_____

Need:

_____
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Email the completed form to
bbarker@gabaptist.org
Or mail to
Appalachian Mountain Ministry
Georgia Baptist Mission Board
6405 Sugarloaf Parkway
Duluth, GA 30097-4092

Description of Ministry:

_____
_____
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I am interested in a long-term commitment ____ Yes ____ No

Additional Information:

_____
_____
_____
_____
_____
_____
_____

Size of Teams Needed:

_____
_____
_____

Housing and Food Preparation (for teams coming):

_____
_____
_____
_____
_____
_____

Cost Per Person (if applicable):

_____
_____

Materials for Project (will ministry provide or should teams provide):

_____
_____
_____

Are Background Checks of Volunteers Required for this project?

YES NO Call for information