



Date: _____

Name _____ Home Phone _____ Cell Phone _____

Address _____ City _____

State/Province _____ ZIP/Postal Code _____ E-mail _____

Dates of Service: from _____ to _____

Name of Church/Project/Ministry _____

Address _____

City _____ State/Province _____ ZIP/Postal Code _____

Number of people in group _____ Group leader/supervisor _____

Were you provided with information necessary to adequately prepare for the project? Yes No

Comments _____

Project Source: State COM NAMB Other (explain) _____

Areas of Ministry Served:

- | | | |
|--|---|---|
| <input type="checkbox"/> Fairs/Festival/Special Events | <input type="checkbox"/> Campground/Worship Services | <input type="checkbox"/> Disaster Relief/Recovery |
| <input type="checkbox"/> Raceway Ministries | <input type="checkbox"/> Seaman's Ministry | <input type="checkbox"/> Medical/Nurse |
| <input type="checkbox"/> Construction/Maintenance | <input type="checkbox"/> State Convention Booths | <input type="checkbox"/> Church Planting |
| <input type="checkbox"/> VBS/Bible Studies, etc. | <input type="checkbox"/> Clowning/Balloon Sculpturing | <input type="checkbox"/> Revivals/Surveys |
| <input type="checkbox"/> Shared Personal Testimony | <input type="checkbox"/> Other _____ | |

_____ Professions of Faith (those led to Christ through an event sponsored by COM)

_____ Worship services led _____ Bible studies led

_____ Rededications _____ Scriptures/tracts distributed

_____ Shared personal testimony

_____ Number of hours of ministry donated (hours on site or preparing for ministry trip - not traveling time)

_____ Number of events participated in

Was the work you performed a meaningful mission involvement for you? Yes No

Share an experience from this mission project: _____

My assignment:		Comments
Strengthened my spiritual life	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Allowed me to be creative	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Was overplanned	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Was adequately planned	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Was realistic	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Challenged me	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Broadened my concept of missions	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Was stressful	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Was too strenuous	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

Please use a separate sheet (if needed) to provide additional information or to describe interesting and meaningful experiences. _____

Return form to: Adult Volunteer Mobilization
North American Mission Board
4200 North Point Parkway
Alpharetta, GA 30022-4176