



This Olde Church Project Application

Thank you for your interest in participating in the This Olde Church Mission Project. **Please complete this application form and send it to your District Superintendent for approval.** Once the application is approved, you will be contacted by the VIM Coordinator to schedule a site visit to your church.

Application Date: _____

Church: _____

Address: _____
(street, city, zip)

District: _____

Contact Name: _____

Phone: _____ Email: _____

Project Coordinator Name (if different than contact): _____

Coordinator Phone: _____ Email: _____

Describe the project as fully as possible (use other side if needed and include photos if available)

What would it mean for your church to be part of the This Olde Church mission project?

Is your church able to:

- Provide lodging (with showers) in the church and/or homes for team members?
- Provide volunteers to prepare and serve meals? *(Note: Teams will provide the food for meals)*
- Provide volunteers to assist with the project? (optional)

----- **Official Use Only** -----

Approved

District Superintendent Signature

Date