

NORTH GEORGIA DISASTER RESPONSE APPLICATION FORM  
**CHURCH-TO-CHURCH PARTNER PROGRAM**

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**Upon completion of this form, e-mail or snail mail this to your District Superintendent's office.**

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*Note:*

In any disaster situation, relief efforts come first, and long-term recovery comes later. Partnering with a church/community is later. Your application will be held until recovery efforts are initiated, and not before. Recover stages vary between communities depending on a multitude of concerns. We cannot hurry this nor should we. Pushing too soon is not help, but an additional problem.

Communication is critical in this covenant relationship. When and "IF" a church from a disaster site is linked to you, make it a simple thing for them to follow up with you at times that are helpful to them. The following information, upon approval, is what will be forwarded to a partner congregation, so please be complete and accurate, adding whatever else might aid contact.

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Name of Your Annual Conference:  
Name of Your Church's District:  
Name of Your District Superintendent:  
District Office Address:  
District Office E-Mail:  
District Office Phone:

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Name of Church making application:  
Address:  
Phone:  
Church e-mail:

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Name of person filing this form:  
Position of person filling out this form:  
Day phone:  
Evening phone:  
E-mail:

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Who will be the primary contact person for the duration of this project?  
Position or title:  
Name  
Address:  
Phones:  
E-Mail

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If there is a second contact person who will be helping to lead this project?  
Position or title:  
Name  
Address:

Phones:  
E-Mail

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*Note:*

*Every attempt will be made to match your church with a compatible situation where the type of assistance you're offering is what the other congregation needs. Some honest information about your circumstances and to what level and type of support you have in mind will assist in a good match. Please fill out this page so the "match-maker" can make an informed assignment.*

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**A word about your congregation.**

Describe your congregation referencing some of the following details: Average worship attendance; average age of membership; type of neighborhood in which your church is located, (rural, urban, etc.); annual church budget; recent history of other mission efforts that might transfer to this setting; mission budget; number of persons who will likely engage in this partnership; etc.

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**Has your congregation taken ownership of this initiative?** Please describe how this program was proposed, to what group(s), what concerns were raised and addressed with and among the congregation.

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**Which Conference are you interested in serving:**

Mississippi       Louisiana

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*Note:*

*There is no maximum amount of time that two congregations can remain in partnership but there is an expected minimum of 18 months. If your church is approved to enter this relationship but cannot complete the minimum covenant arrangement, you will be expected to contact your partner church and let them know. Another church will be sought to take your place.*

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**What type of support are you prepared to provide a partner congregation?** (Check all that apply)

- Financial support for a pastor, or staff member, or church bills
- Collecting and sending materials and supplies
- Work teams of a general nature; cleaning, sorting; following directions, etc.
- Work teams with technical ability
  - Contractors / construction
  - Electrical / HVAC / Plumbing
  - Medical / health
  - Counseling / listening / worship

Other:

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\_\_\_\_\_  
\_\_\_\_\_

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Are there types of support you feel your congregation would be especially effective with?

Are there types of support you feel your congregation could not be expected to do or provide?

What would you list as key characteristics of the ideal church partner congregation(s)? (In town, rural, large, multi-staff, part time pastor, multiple point charge, small membership, etc.)

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*Note:*

Your District Superintendent will review this information and if there are questions, will call and clarify before sending this on. Please be in prayer about this process, the program in general, and the possible assignment specifically, if and when one is made.

Remember that more than just bricks and sticks have been destroyed in this current devastation. Lives have been ended, relatives have been lost, emotions have been repressed, many remain in shock, and hearts are tender. They may not have good answers to easy questions – such is the nature of battle fatigue and distress. If you are ready to leverage your congregations prayers, resources, hopes, and hands, to enter this fragile emotional environment, list your name on behalf of all those who stand ready, with God's leading and the power of the Holy Spirit, to begin.

If your church is placed with another, please be ready to receive much more than you give in this ministry.

Pastor's Name:

Date of Pastor's Approval for this application: