



Coming Together for New Jersey

Rebuild, Renew and Restore



“Therefore, as God's chosen people, holy and dearly loved, clothe yourselves with compassion, kindness, humility, gentleness and patience. And whatever you do, whether in word or deed, do it all in the name of the Lord Jesus, giving thanks to God the Father through him.” Colossians 3:12; 17 (NIV)

Join Us in New Jersey for a week of service as we rebuild, renew and restore those affected by Hurricane Sandy

THE WEEK'S HIGHLIGHTS INCLUDE:

- Participate in hands-on efforts to rebuild homes, communities and lives
- Opportunities to encourage and support those in need
- Opportunities to worship with local American Baptist congregations
- Opportunities to enjoy the New Jersey Shore

SUPPORT THIS EFFORT BY:

- Sending a volunteer or team of volunteers from your church to participate
- Making a financial contribution to support New Jersey Work Weeks
- Praying for the participants and that New Jersey would be fully restored

For more information on how to be involved in this important and exciting work

*Please contact Victoria Goff at 610-768-2449 or vgoff@abhms.org
American Baptist Home Mission Societies, PO Box 851, Valley Forge, PA 19482*

NEW JERSEY WORK WEEK REGISTRATION FORM

Please plan on arriving and departing on Saturday
July 9-16, 2016

Name: _____

Local Church: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

Office Phone: _____ Email: _____

Emergency Contact: _____ Phone #: _____

Food Allergies _____

I will be participating in the events held: ___ All Week ___ Sunday ___ Monday
 ___ Tuesday ___ Wednesday ___ Thursday ___ Friday

Age Group: Youth 14-18 Young Adult 19-22 Adult 23-64 Senior Over 65

Sex: Male/Female T-shirt size: _____

Registration Fee: \$250; includes housing and food (Scholarships are available.)

Please return this form with your registration fee by June 9, 2016:

American Baptist Home Mission Societies • PO Box 851 • Valley Forge PA 19482

Fax (610) 768-2470 • Phone: (610) 768-2449

For credit card payments, please call (610) 768-2413



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SKILLS ASSESSMENT FORM

NAME: _____

To use your time and talents to the greatest benefit while you are volunteering, please indicate your current skills and experience, as well as the level of those skills by using the following:

Skill Levels

- 0 = I am unable to do, or am not interested.
- 1 = I don't know how, but am willing to learn or try.
- 2 = I have done it before, but still need help to complete.
- 3 = I can do a good job by myself.
- 4 = I can do a good job, and can guide or teach others.
- 5 = I am a licensed contractor

Please indicate level, using appropriate numbers identified above.

- _____ Carpenter
- _____ Clean-up worker
- _____ Clerical
- _____ Computer Skills
- _____ Contractor
- _____ Drywall Hanger
- _____ Drywall Finisher
- _____ Electrician
- _____ Flooring – Carpet
- _____ Flooring – Underlay
- _____ Flooring – Vinyl
- _____ Framing
- _____ Hospitality
- _____ Insulation
- _____ Landscaping
- _____ Mason
- _____ Painting
- _____ Plumbing
- _____ Roofing
- _____ Siding
- _____ First Aid Trained
- _____ CPR Trained

Other Skills or Comments