



**The Christian Outreach Project
A Non Profit Organization**

P O Box 433

Rahway, New Jersey 07065

www.christianoutreachproject.org

GROUP APPLICATION

PLEASE COMPLETE EVERY ITEM IN THE APPLICATION. INCOMPLETE APPLICATIONS WILL BE RETURNED.

Name of Group Making Application _____

Name of Church _____

Pastor's Name _____

Church Address _____
Street City State Zip

Church Phone (_____) _____ E-mail _____

Contact Person for Group _____

Contact Person's Address _____
Street

Phone: Home (_____) _____ City State Zip
Other (_____) _____

E-mail _____

Approximately how many participants will you have in your group?

Youth _____ Adults (22 and older) _____ Total _____

Our group will provide _____ cars, _____ van, or _____ pickups as vehicles to transport crews of five people to project sites daily.

Has your group participated in the Christian Outreach Project or other work camp programs previously?

Yes _____ No _____

If yes, please list programs from the past 4 years _____

GROUP AGREEMENT

In submitting this application to become a part of the Christian Outreach Project, we understand and accept the basic expectations, terms, and payment schedule as described in this application information. We agree to update the registrar with any changes in our projected numbers as soon as possible, to send completed Individual Participant Registration Forms by March 15th, 2024, and \$185.00 per participant payment no later than April 30th, 2024. Final payment of \$185.00 per participant will be made no later than June 1st, 2024. We understand that applications will be reviewed on a first-come, first-served basis, and if our group is not accepted, the application fee will be refunded in full.

We also agree that the group/local church is responsible for meeting all Safe Sanctuary and Vehicle requirements as set forth in the Application Instructions, and for proper screening of persons with regard to eligibility for the program. The Christian Outreach Project does not discriminate on the basis of age, sex, race, or creed. The Christian Outreach Project holds the right to cancel any program up to 15 days prior to the program.

APPLICATION FEE ENCLOSED:

Total participants (from page 1) _____ x \$50.00 = \$ _____
(Make checks payable to: Christian Outreach Project)

Youth Representative _____
Signature Date

Adult Representative _____
Signature Date

Pastor's Endorsement

I understand that the above group will be participating in the Christian Outreach Project the week of June 23rd – June 29th, 2024. I agree to provide to the Christian Outreach Project a letter verifying compliance with the Safe Sanctuary policies as outlined in the Group Application Instructions, listing participating adults and verifying that they have had a background check within two years of the start of the program.

Pastor's Signature _____
Signature Date

Please return application to

THE CHRISTIAN OUTREACH PROJECT
P.O. Box 433
Rahway, New Jersey 07065
www.christianoutreachproject.org