



**The Christian Outreach Project**  
**A Non Profit Organization**  
**P O Box 433**

**Rahway, New Jersey 07065**

[www.christianoutreachproject.org](http://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 February 28th, 2017, and \$175.00 per participant payment no later than April 28th, 2017. Final payment of \$170.00 per participant will be made no later than June 1st, 2017. 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 25th – July 1st, 2017. 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**  
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