



## Parent Ministry Form

Name: \_\_\_\_\_

Phone #/Email Address: \_\_\_\_\_ / \_\_\_\_\_

### Resource Inventory:

#### Vehicles:

Van       Truck       Camper       Boat       Jet Ski       Trailer

#### Camping Equipment:

Tent                       Sleeping bags       Backpacks               Water Containers  
 Stoves                       Lanterns               BBQ               Other \_\_\_\_\_

#### Sports Equipment:

Volleyball Set       Football               Soccer Ball               Badminton Set  
 Frisbees               Ping-Pong Set       Pool Table               Other: \_\_\_\_\_

#### Miscellaneous:

Tables                       Video Equip.               Sound Equip.               Mountain Cabin  
 Big Screen TV       Pool                       Video Games               Beach House  
 Contacts with camps or retreat centers       Contacts with food places

### Would you be willing to...

<input type="checkbox"/> Help coordinate special events	<input type="checkbox"/> Buy/make food for events
<input type="checkbox"/> Chaperone special events	<input type="checkbox"/> Drive for activities
<input type="checkbox"/> Help one Wed. or Sun. per month	<input type="checkbox"/> Provide office help once per month
<input type="checkbox"/> Provide help with record keeping	<input type="checkbox"/> Help doing check in for camps/trips
<input type="checkbox"/> Open your home for over night events	<input type="checkbox"/> Open your home for evening activities
<input type="checkbox"/> Host a Bible study in your home	<input type="checkbox"/> Help lead a DNA Team (Ministry Teams)
<input type="checkbox"/> Other: _____	

### Would you be willing to help with...

<input type="checkbox"/> Sewing	<input type="checkbox"/> Computers/Tech.	<input type="checkbox"/> Decorating	<input type="checkbox"/> Construction
<input type="checkbox"/> Cooking	<input type="checkbox"/> Arts/Graphics	<input type="checkbox"/> Organization	<input type="checkbox"/> Typing
<input type="checkbox"/> Promotions	<input type="checkbox"/> Band/Worship	<input type="checkbox"/> Music	<input type="checkbox"/> Photography/Video
<input type="checkbox"/> Other: _____			