

301 N. Main St, PO Box 538
Bethesda, OH 43719
www.epworthcenter.org



740.484.4705
Fax: 740.484.0252
sowermission@epworthcenter.org

Home of the SOWER Work Mission Program
Sharing Our Witness Enriching Relationships

SOWER WORK MISSION APPLICATION—2008

Group Name: _____ Contact Person: _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____ Fax: _____

Home Phone: _____ Church Phone: _____ Cell Phone: _____

Arrival Date: _____ Time: _____ Departure Date: _____ Time: _____

Will you be taking Wednesday off for a Fun Day? YES NO

Number of Campers: _____ Adults: Males Females Under 18: Males Females

Do you have one person in your group with significant building skill that can help you complete your project(s)? YES NO *Please provide a person if possible! *complete back of form*
Name: _____

Do you have one person in your group to volunteer in the kitchen? YES NO
Name: _____

I have read & understand the contents of the 2007 SOWER Packet. YES NO

Payment Schedule

**REGISTRATION FEES AND PAYMENTS ARE
NON-REFUNDABLE.**

Cost Per Person: \$250

Number of campers in your group* _____ x **\$250.00** = **TOTAL: \$** _____

**minimum number of 15 participants*

Date: _____ Check #: _____ Deposit: \$ _____ Required to register

Date: _____ Check #: _____ 1/3 Payment: \$ _____ Due: 4/15/08

Date: _____ Check #: _____ Final Payment: \$ _____ Due: 5/15/08

Materials Fund: \$1500 (group of 15 persons) + \$80/each additional person (16, 17, etc.)

Number of additional persons _____ x **\$80.00** = **TOTAL:** _____
+ \$1500.00 = TOTAL: \$ _____

Date: _____ Check #: _____ Amount Due: \$ _____ Due: 5/15/08

Please Note: Unless other arrangements are made with the Director, material fees go into a General Material Fund and are used on an as needed basis, as some projects are more costly than others. Any material fee monies left over at the end of SOWER are used for improvements at the Epworth Center.

***Please complete both sides and send a copy of this side with each payment.**

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SOWER WORK MISSION APPLICATION

Group Skills Inventory Assessment

Work Mission History

Please list types of projects your group has completed in the past (be specific):

Please list your group's overall skill level and experience in the following building repair items.

***Skill level is recorded 1 — 3, with 3 being the HIGHEST: 3= skilled in this area, 2= have done this before, 1= have helped someone else do this.

Dig a ditch and lay drainage tile	Skill level: _____	Vinyl soffit and fascia	Skill level: _____
Gutter/ down spouting	Skill level: _____	Interior house painting	Skill level: _____
Exterior house painting	Skill level: _____	Plumbing experience	Skill level: _____
Build a ramp	Skill level: _____	Window installation	Skill level: _____
Install vinyl siding	Skill level: _____	Siding experience	Skill level: _____
Roof repair	Skill level: _____	Porch replacement and repair	Skill level: _____
Power washer experience	Skill level: _____	Electrical experience	Skill level: _____
Carpentry experience	Skill level: _____	Brick / block laying	Skill level: _____

Notes

Please list any other qualifications or information about your group:
