First United Methodist Church 310 Oak Street Irwin, PA 15642 724-863-6858			
WE	ENDELL'S VISION		
Project Request Form			
ame:	Phone:		
ddress:	Email:		
o you own your home? Yes No			
Do you have Home Owners Insurance? Yes No Can you cover the cost of materials needed for the project? Yes No are you currently or can you volunteer hours of service to help the community? Yes No If yes, please explain where or what you would be willing to do.			
Project Request: Please be as detailed a equest.	s you can. Use back if you need more room to write about the		
ow were you referred to us?			
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ow were you referred to us?			
	e fill out the form and mail it to:		

*You will be contacted after the committee reviews your request. Please allow 2 - 4 weeks for application review. Based on the number of volunteers, time, cost, and resources, not all service project can be done.

God loves you and so do we!