

THE UNITED METHODIST CITY SOCIETY
Summer Task Force 2010 - Application Cover Sheet

Name of Church _____

Full Address _____

Telephone # _____ Fax # _____

Pastor _____

Additional Contact Person _____

Request from United Methodist City Society (**Not to exceed \$3,000**) _____

Projected Enrollment _____ Ages _____ Number of Weeks _____

(Program Dates ___/___/2010 to ___/___/2010)

Proposed Staffing Plan:

- ◆ Summer Youth Workers ___ Yes (How Many? _____) ___ No
- ◆ Paid Staff Persons ___ Yes (How Many? _____) ___ No
- ◆ Volunteers ___ Yes (How Many? _____) ___ No

Will you have a training period for staff? ___ Yes ___ No How long? _____

Expected Total Cost of Summer Program _____

Amount Requested from other agencies _____

Amount Local Church will contribute _____

Will there be a fee for the program? ___ Yes ___ No How much? _____

Approvals / Insurance:

- ◆ Did your administrative board approve the program? ___ Yes ___ No
- ◆ Will the program be licensed by the Department of Health? ___ Yes ___ No
- ◆ Will the program be covered by Liability Insurance? ___ Yes ___ No
- ◆ Will the program be covered by Accident Insurance? ___ Yes ___ No
- ◆ Will the program be covered by Fire Insurance? ___ Yes ___ No

Do you have any staff persons trained in CPR? ___ Yes ___ No

Days / Dates / Times for the Task Force Visitor to avoid _____

Name and address of person checks should be mailed to: _____

Please attach your written 4 page proposal and budget