

Hearts & Hammers – Request for Service

All information needs to be completed for request to be considered.
The person requesting the service should be the one to complete the information.
Please drop off completed request to the SUMC office.



Date: _____

Name: _____

Contact phone number: _____

Email address if available _____

Address of Project: _____

Significant info about Requester: (i.e., health, special needs, etc.)

Seaside UMC Member? _____

Description of Service Requested: _____

Time frame requested for service/work to be completed: _____

Able to pay for materials needed? _____

How did you hear about this ministry? _____

Why do you need help with this project? _____

Directions from Seaside United Methodist Church: _____

For office use only:

Date reviewed: _____ Team Leader project assigned to: _____

Release Form received: Yes _____ No _____ Date Team Leader contacted: _____