

# Weekend of the Cross 2010

## Homeowner Application

### What is Weekend of the Cross?

Weekend of the Cross is a camp sponsored by the United Methodist churches in Shreveport/Bossier.

About 300 Christian teenagers (accompanied by adults) will be working on houses in Shreveport and Bossier for two days.

Would you like for your house to be considered?

### When is Weekend of the Cross?

9 a.m.-4 p.m. Friday and Saturday, July 30-31, 2010

### Do I have to be home during those days to be considered for Weekend of the Cross?

Yes. It is very important to these teenagers that they get to spend time with the people who live in the houses on which they work, so we ask that you be home at least one of these days.

### What can Weekend of the Cross do for my house?

Because we will only be working two days, the project must not be too large. We will only be able to work on the outside of homes — no interior work. We can paint the exterior, add or repair wheelchair ramps, replace deteriorating porches, and other minor repairs. We will supply all materials.

### Why does Weekend of the Cross exist?

“For we are God's workmanship, created in Christ Jesus to do good works, which God prepared in advance for us to do.”

Ephesians 2:10

Name of applicant: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City and zip: \_\_\_\_\_

Phone number(s):(home) \_\_\_\_\_ (work) \_\_\_\_\_

(cell) \_\_\_\_\_ Neighborhood: \_\_\_\_\_

Names, ages and relationship to owner of all people who live here:

Name	Age	Relationship to owner
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Annual household income: \_\_\_\_\_ Occupation: \_\_\_\_\_

Please list any financial assistance you receive (such as Social Security, Welfare, etc.):

\_\_\_\_\_

Please list any disabilities or illnesses you or any members of your household have:

\_\_\_\_\_

Type of house exterior (circle one): Brick      Frame      Both

What work does your house need? (You may circle more than one.)

Painting                      Wheelchair Ramp                      Porch

Other: \_\_\_\_\_

Who told you about this application? (circle one)

My church (church name: \_\_\_\_\_)      Council on Aging

Home Health Nurse

Other: \_\_\_\_\_

**Please return this application by no later than Friday, April 30, 2010 to:**

**Weekend of the Cross  
Attn: Meghan Hochstetler  
3200 Airline Dr.  
Bossier City, LA 71111**

Questions? Call Meghan Hochstetler, project coordinator, at 318-746-5349.

Please do not write in this box. For office use only.

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**Note: You will receive written notification in the mail by June 11, 2010 regarding your acceptance.**