



Southeastern Conference Community Service Ministry

ACS Disaster Response Coordinator
Information Form

Local DR Cord. Name: _____

Tel#: _____

Email: _____

Local Church: _____ City _____

District (*circle*) 1 2 3 4 5

Current Pastor _____

DR Certification Badge Expiration Date: ____/____/____

(Mail to Conference office or scan and email to *CommService@secsda.org*)



"Meeting Needs, Sowing Seeds, and Reaping a Harvest for Christ"