



## Mission Team Application

Name/Team \_\_\_\_\_, Team Leader \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ e-mail address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Daytime Telephone \_\_\_\_\_ Night Time Telephone \_\_\_\_\_

Where is your church team membership? \_\_\_\_\_

How are you affiliated with Harrisburg Baptist Church?

\_\_\_\_\_

Place of Mission Trip \_\_\_\_\_

Are you going with \_\_\_\_\_ church or as an individual \_\_\_\_\_

(Church Name)

(Name)

When are you going? \_\_\_\_\_

How much do you anticipate the total cost of the mission trip to be? \_\_\_\_\_

Attach a list of members requesting assistance:

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Why do you believe that God desires you to go on this mission trip?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe the nature of this mission trip: (Evangelism, construction, dental, or other)

\_\_\_\_\_  
\_\_\_\_\_

Any other special needs \_\_\_\_\_

Who is the primary contact person at the destination of your mission trip and with what organization are they affiliated?

Name \_\_\_\_\_

Organization/Church \_\_\_\_\_

Contact Phone Number \_\_\_\_\_

*I understand that any financial support we as a team receive for this mission trip must be used solely for this mission trip. Should we not go on the mission trip We will refund the money to Harrisburg Baptist Church. We commit to conduct myself in a manner that will bring honor to Christ and my church family. We understand this money comes from the Lord and is given to me through the financial support of Harrisburg Baptist Church. Individual request: \$\_\_\_\_\_ Dollar amount.*

\_\_\_\_\_  
*Team Leader Signature*

\_\_\_\_\_  
*Date*

*I give my full support to the above applicant going on this mission trip. I will lead our church to be in prayer for the applicant. The above applicant is a faithful, active member of \_\_\_\_\_ church.*

\_\_\_\_\_  
*Mission Committee Chairman or Staff Member*

\_\_\_\_\_  
*Date*

**To be completed by the Missions Committee of Harrisburg Baptist Church.**

Date and time application received: \_\_\_\_\_

Application denied. State reason \_\_\_\_\_

Application approved. Amount \$ \_\_\_\_\_

Check # \_\_\_\_\_ (Note check will be made out to applicant)

Date Mailed \_\_\_\_\_ (Enclose copy of application)

\_\_\_\_\_  
Missions Committee Chairman

/\_\_\_\_\_  
Financial Secretary

- Notes:
- 1) Request are not automatically funded for any amount.
  - 2) Request must be submitted 60 days prior to mission departure date.
  - 3) Application must be completed and signed before being considered by Missions Committee.
  - 4) All requests will be considered.