

Mission Team Request Form



The information you provide on this form will assist the Mission Project Coordinator in securing a mission team(s) to help meet your ministry needs.

Mail form to: Arkansas Mission Projects
2713 Casey Springs Rd
Jonesboro, AR 72404

Or email to: jjames@absc.org

For questions call Jackie @ 501-773-2451

Today's Date:

Purpose for Requesting a Mission Team: (VBS, Construction Team, Sports Camp, Back Yard Bible Club, etc)

Qualifications of Team Members:

Experience Needed?

Skills Required?

Team Size Preferred: ____ Minimum # Requested ____ Maximum # Requested

Health Considerations: Does the ministry involve strenuous walking, lifting, high altitude, etc.? Please be specific.

Dates Mission Team Requested: _____

Are the dates flexible? ____Yes ____No

If YES, please provide range of dates Mission Team requested:

Local Expenses: Housing and Meals

Housing: The requesting church is responsible for providing housing for the Mission Team. Once a Mission Team is assigned, the requesting church is responsible for contacting the Mission Team leader regarding housing arrangements. Suggestions for housing include:

- Homes of Members
- Family Life Center
- Local Church Camp
- Local Hotels

Meals: The requesting church is responsible for providing meals for the Mission Team. Once a Mission Team is assigned, the requesting church is responsible for contacting the Mission Team leader regarding meal needs and arrangements. Some Mission Teams may prepare their own meals. Suggestions for meal arrangements include:

- Members of requesting church provide meals
- Sunday School classes of requesting church provide meals
- Requesting church provides kitchen and refrigeration space for Mission Team preparing their own meals

On-Field Transportation: If the Mission Team is to be divided for multiple projects, the requesting church is responsible to contact the Mission Team leader once the Mission Team is assigned to discuss/arrange transportation needs.

Contact Information: (To be completed by individual requesting Mission Team. Please print.)

Name:

E-mail:

Cell/Telephone:

Position in the Church/Mission:

If this request is being made by a church/mission, please provide the following contact information.

Name of Church/Mission:

Address:

City/State/Zip:

Telephone:

Pastor of Church/Mission:

Member of SBC:

Yes

No

Local Association:

If this request is being made by an individual/family, please provide the following contact information.

Member of SBC Church/Mission:

Yes

No

Name of Church/Mission:

Address:

City/State/Zip:

Telephone:

Pastor of Church/Mission:

Local Association: