State Missions Offering Application for Financial Assistance

Church/Team Leader Information

Church:	Association:	
Team Leader Name:	Phone:	Email:

Mission Information

Mission Location (State OR Country):	People Group:
Cost of Lodging (per person):	# of Team Members over age 18:
Cost of Food (per person):	# of Team Members ages 12-18:
Cost of Travel/Transportation (per person):	Dates of Mission:
Total cost per person (food/lodging/transportation):	Host Personnel:
Short-term Volunteer Mission Insurance Enrollment:	Type of Ministry:

Team Member Information (attach additional pages if needed)

Team Member Name	Church Membership	Team Member Signature

My signature below indicates that I have read, understand and will agree to adhere to the 2015 guidelines that accompany this application.

Signature of Pastor		**Signature of Team Leader**

Please note: Financial assistance is only available to individuals who are members of Mississippi Baptist churches that contributed to the Margaret Lackey State Missions offering in the previous year.

PROCESS THE ASSISTANCE CHECK TO:

Name of Church:
Mailing Address:
City, State, ZIP:
Attention:

We are unable to process checks to individuals. All funds must be processed through the sponsoring church. Assistance checks will be processed approximately 60 days prior to departure.

Mail Completed ORIGINAL Application, Insurance Verification Form and Assumption of Risk Forms to:

Missions Mobilization
Mississippi Baptist Convention Board
PO Box 530
Jackson, MS 39205

MISSIONS MOBILIZATION

INCOMPLETE PAPERWORK WILL NOT BE ACCEPTED

SENTINEL TRAINING COMPLETED

The following team members have completed Sentinel Training:

Name	Date Training Completed	Office Use Only

The following team members have NOT completed Sentinel Training

Name		Office Use Only

Attached additional pages, if needed

PLEASE NOTE:
FINANCIAL ASSISTANCE
WILL ONLY BE GRANTED
TO VOLUNTEERS THAT HAVE
ATTENDED SENTINEL TRAINING.
NO EXCEPTIONS

Office Use Only:

Church/Association #: _____
2014 Margaret Lackey State Missions Offering Receipts: _____
Total # of Volunteers: _____
Assumption of Risk form(s) Complete: _____
Insurance Verification Complete: _____
Sentinel Training Information Complete: _____

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