

Mission Team Request Form

Please type or print

NAME _____ DATE _____

Address _____ Cell # _____

E-mail _____

Church Member? ___yes ___no* How long? _____

*If no, a church member will need to write a letter of Recommendation for the mission initiative who is involved in this.

Name of mission initiative _____

Is this initiative part of a Second Baptist Mission effort or 2020 Vision Priority? If yes, identify:

This team is requesting: ___Funding ___Church Involvement ___Prayer ___Other

Write (or attach) a vision summary for the proposed mission initiative including:

- GOALS: _____

- ACTIVITIES:
• _____

- LEADERS, HOW MANY GOING:

- CONNECTIONS with SBC Missions & Ministries:

- FUNDING REQUESTED, FUNDRAISING PROPOSALS:

- DEVOTIONS, PRAYER TIMES SCHEDULED:

Write (or attach) a vision summary for the proposed mission initiative including:

- DATES: _____

- COSTS (transportation, lodging, food, mission activities):

- TIMELINE for meetings, deposits, prayer, debrief after mission, etc.

- DEPOSIT DEADLINE: _____

- INDIVIDUAL REQUESTS DEADLINES: _____

How will this mission initiative deepen the personal discipleship of you and other participants and further expand the ministry of Second?

Your Christian Testimony: (or separate attachment)

Applicant: Please sign and date and return to Patty Dimowki in the church office: 9614 River Road, Richmond VA 23229, 804-740-7101