

WORK AND WITNESS TEAMS
Volunteer Application
Ardmore Baptist Church

Name: _____ Date: _____

Mission Trip Site: _____ Trip Date: _____

Skills you can assist the team with:

Contact in Case of Emergency: _____

1) Name: _____ Phone #: _____ E-mail: _____

2) Name: _____ Phone #: _____ E-mail: _____

To help us:

- Physical prior to mission trip
- Copy of medicines taking are on record
- Primary Care Physician's Name: _____
- Physicians Phone #: _____

Financial Assistance **Needed** () **Not Needed** ()

Please fill out the reverse side of this form if you are seeking financial assistance from the Missions Council.

On some mission trips volunteers are able to E-mail or call the church office with daily reports. If you would like for the church office to forward correspondence received from the field complete the form below.

Name: _____ Relation: _____ E-Mail: _____

Name: _____ Relation: _____ E-Mail: _____

Name: _____ Relation: _____ E-Mail: _____

Ardmore Baptist Church is a body of Christians in the Baptist faith tradition known for its passionate missionary heart. Our mission is to connect people of all ages with Jesus Christ and each other in life-changing relationships. In response to this mission, you are requested to refrain from using tobacco products, drinking alcoholic beverages, and participating in other activities that may be highly offensive to Christians in other cultures.

Signed _____

REQUEST FOR VOLUNTEER MISSION FUNDS

Mission Project: _____
Date of Mission Trip: _____

Name: _____

Address: _____

Phone: _____ E-mail: _____

My responsibility/assignment on the Mission Trip: I will serve as the "lead" staff member for this trip.

My desire for going on this trip: _____

Total Cost for the mission trip:

Transportation: _____

Lodging: _____

Meals: _____

Other: _____

Explain: _____

TOTAL COST: _____

I feel like I can contribute \$ _____ toward the total expense of the trip.

I request assistance with \$ _____.

- () I can not go without financial assistance.
- () It will be a hardship on me to go without assistance.
- () I need assistance but if no assistance is available I will still try to go on the mission trip.

Other considerations: _____

Date

Signature

Amount Granted: \$ _____

This information is confidential and will be disclosed only to the Missions Allocation Committee of the Missions Council of Ardmore Baptist Church, and solely for consideration of Volunteer Missions Funds.

Chairman of Missions Council

Staff Minister