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):	Dates of Mission:
Partnering Mission Organization: ☐ IMB ☐ NAMB ☐ Other_____	Total Cost: Type of Ministry:
Short-term Volunteer Mission Insurance Enrollment:	

Team Member Information (attach additional pages if needed)

Team Member Name	Church Membership

My signature below indicates that I have read, understand and will agree to adhere to the 2024 guidelines that accompany this application.

Signature of Pastor		**Signature of Team Leader**

PROCESS THE ASSISTANCE CHECK TO:

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

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

SENTINEL TRAINING COMPLETED

The following team members have completed Sentinel Training (International Trips Only):

Name	Date Training Completed	

The following team members have NOT completed Sentinel Training

Name		Will complete training on

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