



# Heritage Baptist Church Application for **SHORT-TERM MISSION**

\_\_\_\_\_ Date Application Received

Primary Mission Destination \_\_\_\_\_ Dates \_\_\_\_\_ - \_\_\_\_\_

Secondary Mission Destination \_\_\_\_\_ Dates \_\_\_\_\_ - \_\_\_\_\_

Mission Trip Description & Scope \_\_\_\_\_

Team Leader \_\_\_\_\_ Team Leader Phone \_\_\_\_\_

Team Leader Email \_\_\_\_\_

Mission Trip Participants \_\_\_\_\_

Arrangements to host the team \_\_\_\_\_

Trip Insurance requested? Yes  No

**APPLICANT** (Full legal name) \_\_\_\_\_ Phone \_\_\_\_\_

Age \_\_\_\_\_ Birthdate (mm/dd/yyyy) \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Passport Number \_\_\_\_\_ Emergency Contact Name & Phone \_\_\_\_\_

For Insurance purpose: Name of Beneficiary \_\_\_\_\_ Relationship \_\_\_\_\_

1. How is this project consistent with the specific purposes of HBC Mission vision and effort as stated in the Mission portion of HBC's website - heritageokc.org? \_\_\_\_\_

2. Is this project originating through HBC or another organization outside of HBC Missions? HBC  Other   
Please give the name of the organization \_\_\_\_\_

3. Is the organization prepared to receive contributions toward your trip and issue tax deductible receipts? Yes  No   
(If this organization is new to HBC, please attach a brochure or literature.)

4. Are you soliciting funds (seed money) from the Mission and Ministry Oversight Team? Yes  No   
If so, what is the trip budget? \_\_\_\_\_ Per Participant? \_\_\_\_\_

5. I understand that HBC has complete discretion and control over the use of all receipted contributions for a trip sanctioned by HBC. Yes  No

6. I understand that the total amount of my transportation cost must be received by HBC before I can be booked for a flight or other paid travel on this trip? Yes  No

7. I understand that unused funds for designated trips will revert back to the HBC Missions Fund? Yes  No

8. Please use the back of this form to outline your past and/or current ministry at HBC.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

(If under 18, consent of guardian: Print Name \_\_\_\_\_ Signature \_\_\_\_\_)

MISSION & MINISTRIES OVERSIGHT TEAM ONLY

The HBC Missions & Ministry Oversight Team authorizes financial support from the available mission fund. Yes  No

The amount to be given is \$ \_\_\_\_\_. We agree to give as designated funds are received.

Date Approved \_\_\_\_\_ *If insurance is provide by HBC, waivers are required*

**Level A**

Approve purpose  
Recognized for prayer

**Level B**

Designated seed money to organization OR to person  
Detached from coordination & leadership responsibility  
Approve purpose  
Recognized for prayer

**Level C**

Designated seed money to organization OR to person  
HBC sanctioned trip  
Promotion in Heritage Weekly for fundraising  
ERF required  
Recognized for prayer