# Northern Kentucky Baptist Association MissionVenture

**Volunteer Assistance Form**

CHURCH REQUESTING VENTURE DESTINATION VENTURE LEADER VENTURE DATES

MISSION PARTNER [ ] IMB [ ] NAMB [ ] KBC [ ] OTHER:

NAME

ADDRESS

CITY STATE ZIP CODE

HOME PHONE WORK PHONE

CELL PHONE EMAIL

OCCUPATION

WHAT IS THE SCOPE OF THIS TRIP (What will your team be doing):

WHAT IS YOUR REQUEST:

DOLLAR AMOUNT:

PURPOSE: [ ] Team Member's Assistance [ ] MissionVenture Supplies

[ ] Other;

DATE NEEDED: / /

CHURCH RECOMMENDATION: The Church wholeheartedly recommends the applicant to the Northern Kentucky Baptist Association as sound in his/her faith and spiritually equipped to serve/lead and make this request.

Signature of Pastor Date Signed / / 20 CHURCH ADDRESS PHONE CITY STATE ZIPCODE

# CHECKLIST

Please attach the following to your application:

 1. Copy of your mission venture's budget

2. List of those team members

**FOR OFFICE USE ONLY**

**Application Received:**

**(initial and date)**

**Approved for Mission Venture:**

**(initial and date)**

**Money Disbursed for Mission Venture:**

**(initial and date)**

**Application Denied:**

**(initial and date)**

**Reason for Denial:**