



Mission Projects Application for
Project Eternity Support

Greetings Applicant,

In order for the Missions Committee of First Baptist Church of Hayden to best assist you in your ministry, we will need the following items from you.

1. A cover letter detailing the mission trip or the purpose and vision of the ministry, written by the Ministry/Mission Trip Leader, or individual if going with a group other than FBCH, and should include contact information for the ministry leader, missionary and/or organization with whom you will be working on your trip.
2. Each person participating on a trip will need to fill out an application. We only need one cover letter from the leader of the group.
3. Each person participating in a FBCH sponsored trip will need to fill out the release form. The Team Leader is responsible for filling out the form, returning it to the Financial Secretary.
4. Each participant WILL have the balance of the cost of the trip paid in full two weeks prior to departure date, unless other arrangements have been made with the Missions Committee and the Financial Secretary.

Also, please be aware of these Mission Support guidelines:

1. FBCH does not generally provide full financial support.
2. The missions committee needs very accurate information on airfare.
3. Funds available are given through FBCH Project Eternity
4. We do consider requests for ministerial supplies, but not capital expenditures (cars, computers, etc.)
5. FBCH requires proof of trip insurance, while traveling on project.
6. Each participant is responsible for all additional funds not supplied by the Missions committee and must make sure they are paid in full to the FBCH Financial Secretary or responsible organization on or before the due date.
7. The committee has 40 days from the date application is submitted to act.

**Thank you for allowing First Baptist Church of Hayden to be a part of your Ministry.
Please let us know of any way we can help your ministry or mission's team. May God Bless
you in your service to Him.**

**The Missions/Project Eternity Committee
First Baptist Church of Hayden
5080 State Hwy 160
PO Box 280
Hayden, AL 35079
205-647-3357**

Missions Team Destination _____

Personal Information Last Name: _____ First Name: _____

Mailing Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone _____ Email: _____

Age: _____ Spouse's Name: _____

Emergency Contact Information _____

Mission Plan

Name of person leading trip? _____

Date of Mission Activities: _____

Description of Mission Activities: _____

Organization Leading Mission: _____

Contact Name: _____ Phone: _____

Website: _____ E-mail: _____

How are they related to Southern Baptist Missions?

Estimated Cost

Travel Location(s): _____

Air Carrier or Agent: _____

Air - \$ _____ Land - \$ _____

Lodging: \$ _____ Meals: \$ _____

Other Expenses:

Immunizations \$ _____ Passport/Visa \$ _____

Insurance \$ _____

Materials \$ _____

Other \$ _____ Describe: _____

Total \$ _____

1. How much of the cost can you contribute? _____

2. Funding Request from Project Eternity _____

3. How do you plan to obtain additional needed funds? _____

Church Affiliation **Are you a member of FBCH? _____ Date joined _____**
Your Sunday School Class and current church activities:

If you are not a member of FBCH:
Name of Church _____
Address _____
Contact/Reference _____ **Phone** _____

Personal Testimony **Tell us about your relationship with Jesus Christ** _____

Why do you feel called to participate in this ministry/mission? _____

Education & Skills: _____

Previous Mission Trip Experience: _____

General information about your employment background or ministry experience that might be helpful: _____

The information provided above is accurate and correct to the best of my knowledge.

Signature: _____ **Date:** _____

Committee

Review: Date: _____ **Support Approved:** _____

Returned for additional information: _____

Forwarded to Church Office: _____

The committee reserves 40 days from the date this application is received to take action.

PLEASE RETURN THIS APPLICATION TO THE CHURCH OFFICE.

Date received _____ **Committee Member** _____

**The Missions Committee
First Baptist Church of Hayden
5080 State Hwy 160
PO Box 280
Hayden, AL 35079
205-647-3357**