

Forest Hills Baptist Church
Short-Term Volunteer Financial Request Form

Participant Name _____ Male Female

Address _____

Date of Birth _____ Home Phone _____ Work Phone _____

Email Address _____ Fax # _____

Current Employer (if student, name of school) _____

Location of Mission Trip _____ Dates of Trip _____

*Name of Person and Group Coordinating This Mission Trip / Address

Total Cost of This Mission Trip: _____ (if unknown, just estimate)

1) Have you ever served on a mission team before? Y N

2) Please list where and when. 1. _____ 2. _____
3. _____ 4. _____ 5. _____

3) What are your reasons for participating on this mission trip?

4) What are your expectations for this experience?

5) Will you agree to write and present a post-trip account of your mission experience? Y N

6) On the back of this form please write your personal testimony.

Signature _____ Date _____

***If approved, funds are not given directly to the Volunteer. Be sure to give name of organization and address for us to mail the check to.**

Office Use Only: Date Received: _____ Accepted: ___ Rejected: ___ Amount Approved: _____