

## REQUEST FOR SUMMER MISSIONARIES

Name of Church: \_\_\_\_\_

Name of Person Completing this form: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

I am a (circle one)

Staff Member or VBS director    Other: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Please note that the Summer Missionaries will be available during the following dates:

-June 5<sup>th</sup>-10<sup>th</sup>

-June 11<sup>th</sup>-17<sup>th</sup>

-June 18<sup>th</sup>-24<sup>th</sup>

-July 2<sup>nd</sup>-8<sup>th</sup>

-July 9<sup>th</sup>-14<sup>th</sup>

# Ministry Request for Summer Missionaries

I need summer missionaries to serve in the following ministries:

## VACATION BIBLE SCHOOL

Dates: \_\_\_\_\_ Time: \_\_\_\_\_ Number needed: \_\_\_\_\_

Please briefly describe the area of VBS the summer missionaries would be serving in:

## BACKYARD BIBLE CLUB

Dates: \_\_\_\_\_ Time: \_\_\_\_\_ Number needed: \_\_\_\_\_

Please briefly describe the responsibilities of the summer missionaries, location of BYBC, etc:

## OTHER MINISTRY PROJECTS

Dates: \_\_\_\_\_ Time: \_\_\_\_\_ Number needed: \_\_\_\_\_

Please describe:

I understand that if \_\_\_\_\_ Church is to use the Summer Missionaries, we will:

1. Use the SBC VBS curriculum, “Galactic Starveyors”
2. Use our VBS offering and/or other donation to financially support the EBA Summer Missions program. **(Churches that requested summer missionaries in 2016 but did not contribute to summer missions, will only be considered if there are no other requests for that week)**

\_\_\_\_\_  
Pastor's Signature

\_\_\_\_\_  
Church Treasure/Clerk Signature

\_\_\_\_\_  
Signature of person completing this form

\_\_\_\_\_  
Date Signed

**If you do not hear back from us by May 25<sup>th</sup>, Please call us at 504-6560**