



Short-Term Missions Team Approval Process

Thank you for choosing to serve as a team leader with the Short-Term Missions ministry of Scottsdale Bible Church. We are committed to helping you and your team to get a global perspective on what God is doing outside of our church walls.

The purpose of these forms is to help you in organizing your team and help those in the office manage the thousands of incoming checks that will be deposited and dispersed for all short-term teams. In order for your team to be considered a mission team of Scottsdale Bible Church and for the receipts to be tax deductible for the donors, this packet must be completed. Thank you for your cooperation.

Please complete the following information (4 pages) and return to the Outreach Coordinator of Mobilization to begin the approval process.

May God use you to encourage your team for service over the next several months of training and preparation and may your own heart be stirred in the process.

TEAM LEADER CONTACT

Name: _____ **Supervising Ministry:** _____
(i.e. Women's Ministry, High School, SOMA)

Phone: _____ **Email:** _____

TEAM LEADER AGREEMENT

I agree to submit the *Short-Term Missions Team Description* form and *Short-Term Missions Team Itinerary* form to the Outreach Coordinator and receive approval from Outreach and Finance *before* an account can be opened for your team.

Signature: _____

I agree that 50% of team funds must be raised and deposited in the trip account *before* airline tickets are purchased.

Signature: _____

REVIEW PROCESS

Reviewed /Approved by: _____ **DATE:** _____
Bill Anthony, CFO (signature)

Reviewed /Approved by: _____ **DATE:** _____
Fred Beasley, Pastor of Outreach (signature)

Reviewed /Approved by: _____ **DATE:** _____
Elder of Outreach (signature)

If declined, please explain:



Short-Term Missions Team Description

TEAM LEADER CONTACT

Name: _____ **Supervising Ministry:** _____
 _____ (i.e. Women's Ministry, High School, SOMA) _____
Phone: _____ **Email:** _____

1. Destination (City and Country):
2. Missionary Partner(s):
3. Dates of travel:

Departure Date _____ Return Date _____ # of Days in Country _____

4. Team Budget: SBC Outreach will use these figures when determining 50% levels for the team finance budget approvals

a. Airfare Per Person \$ _____

b. Per Diem (Food, Lodging, Transportation) \$ _____

Estimated Total per person \$ _____

* To figure per diem estimates, contact missionary directly or Outreach Project Coordinator for assistance if need be.*

5. Age Range of Participants (i.e. Junior High, High School, Adult):
6. Estimated total number of participants going on team :
7. Chaperones (if applicable)

Name: _____

Name: _____

Name: _____

Name: _____

8. SBC Staff going:

Name: _____

Name: _____

Name: _____

* List how SBC staff going plan to pay for their team experience: _____

9. Mode(s) of transportation (Air, auto, boat, etc.).



10. Brief description of activities during the time in country?

11. What outcomes would you like to see in the lives of those participating or who may participate on this team experience?

12. In ways do you, as a team leader, plan to see that these outcomes are carried out and take place in the lives of these participants?

13. In what ways does your team plan to raise funds to cover costs, and when are these events scheduled for?

TYPE OF EVENT/FUNDRAISER	DATE OF EVENT	APPROVED?
A.		
B.		
C.		
D.		
E.		

**** All fundraisers or sales taking place on SBC campus must be pre-approved by Outreach Pastor by submitting an SBC Fundraising Approval form before space or rooms are reserved. ****

