

North Carolina Baptist Conference of the Deaf  
Missions Committee  
Potter-Peyton State Deaf Missions Offering  
Mission Trip Fund Request Form

Name: \_\_\_\_\_  
(last) (first) (middle)

Organization: \_\_\_\_\_

Contact Person: \_\_\_\_\_

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

City/State/Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ VP \_\_\_\_\_ Voice \_\_\_\_\_

Age: \_\_\_\_\_ Female \_\_\_\_\_ Male \_\_\_\_\_ Deaf \_\_\_\_\_ Hard of hearing \_\_\_\_\_ Hearing \_\_\_\_\_

Marital Status: Single \_\_\_\_\_ Married \_\_\_\_\_ Widow \_\_\_\_\_ Divorced \_\_\_\_\_

1. Are you a Southern Baptist? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what church do you attend?

\_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

2. What church responsibilities do you have?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Have you ever been on a Deaf Mission trip before? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list the place and your responsibilities on the team:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. What kind of mission activities are you interested in? (Evangelism, camp counselor, educator, construction, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. How much money are you requesting from the Mission Offering? \_\_\_\_\_

6. When are you planning to go on your mission trip? \_\_\_\_\_

7. What organization or mission group will you be working with?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Please have your pastor sign here: \_\_\_\_\_

Church: \_\_\_\_\_

Mail to: Deaf Missions Committee Chairperson  
c/o Vickie Barker  
1604 E. Berry St.  
Gastonia, NC 28054-3503