

Mission Plan

Category	Detail	Response
Date Completed	Date This Form Completed/Updated	
Date of Mission	Date of Mission – Start	
	Date of Mission – End	
Mission Partner	Mission Partner Name?	
Help Who?	Who Will be Helped?	
	Children?	
	Elderly?	
	Handicap?	
	Homeless?	
	Hungry?	
	Need of Clothes?	
	Orphans?	
	Poor?	
	Prisoners?	
	Sick/Hurting/Weak (physical, mental, and/or emotional)?	
	Widows/Single Mothers?	
Help How?	Bible Study/Training?	
	Caregiver?	
	Counseling?	
	First Aid/Medical Help?	
	General Labor-Inside?	
	General Labor-Outside?	
	Mentoring/Encouraging?	
	Praying?	
	Providing Clothes/Sewing?	
	Growing Food?	
	Cooking Food?	
	Serving Food?	
	Providing Shelter?	
	Providing Transportation?	
	Reading (to blind, children, etc.)?	
	Repairing/Building Home?	
	Tutoring?	
	Visiting/Sharing Hope?	
	Worship-Dancing?	

	Worship-Music?	
	Worship-Singing?	
	Writing/Encouraging?	
Mission Location	Address	
	City	
	State	
	Zip Code	
Financial Resources	Financial Resources Required	
Volunteer Resources	Total Number of Volunteers that will be Required	
Volunteer Roles	Total Number of Roles for the Project	
Mission Description		