

On Mission Connection Request Form

(Contact your State OMC Coordinator for closed dates before choosing your OMC date.)

Association General Information

Today's Date: Click here to enter text. **Association:** Click here to enter text.

Name of Director of Missions: Click here to enter text.

Address: Mailing: Click here to enter text. Physical: Click here to enter text.

Email: Click here to enter text.

Telephone: Office: Click here to enter text. Cell: Click here to enter text. Fax: Click here to enter text.

On Mission Connection Director (if other than ADOM)

Name: Click here to enter text.

Address: Click here to enter text.

Email: Click here to enter text.

Telephone: Office: Click here to enter text. Cell: Click here to enter text. Fax: Click here to enter text.

OMC Details

Current Partnerships - IMB: Click here to enter text. **NAMB:** Click here to enter text. **State:** Click here to enter text.

Questions (help us help you):

1. Do you have any missionaries (active or retired) from the churches in your association? If so, please specify and note whether they are active or retired. _____

2. Are there immigrants (people groups) in your area you desire to reach? If so, who are they?

3. Have you or any of your associational churches embraced an Unreached/Unengaged People Group? If so, who and where? _____

4. Are you or any of your associational churches involved in NAMB's Send North America strategy? If so, where? _____

5. What training/resourcing/event may be helpful to your association in engaging your churches at a higher level of missional education and involvement? _____

6. What are your overall desired outcomes for the OMC? (i.e., awareness, involvement, partnership), and what factors will you consider in deeming it a success? _____

Preferred Airport: Click here to enter text. **Largest Town:** Click here to enter text.

Special Requests: Click here to enter text.

Length of OMC: Choose an item.

Dates requested for OMC: Click here to enter text.

Submitted by: Click here to enter text. **Date:** Click here to enter text.

Approved by (State OMC Coordinator): Click here to enter text. **Date:** Click here to enter text.

Other instructions:

- The association is responsible for all expenses related to the On Mission Connection. Please read OMC Resource Guide (www.namb.net/omc).
- Please send form to State OMC Coordinator for approval.
- State OMC Coordinator please send to NAMB via email (omc@namb.net) or fax (770.410.6273)