

The Evangelical Free Church of Crystal Lake Application for Short Term Missions Support

This application is intended for adults who are planning to participate in mission projects of less than one-year duration. By making application for support, the person agrees to the policies of the Evangelical Free Church of Crystal Lake as described in the appropriate church documents.

Date of Application:

Name: _____

Current Address: _____

Permanent Address: _____

City: _____ State: _____ ZIP: _____

Email address: _____

Phone (H): _____ (W) _____

Marital Status: _____ Birth date: _____

IN CASE OF EMERGENCY CONTACT:

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone:

Relationship: _____

1. Are you a member of EFCCL? _____ For how long:

2. Organization under which you will serve:

Name: _____

Address: _____

City: _____ State: _____

3. Length of intended service:

4. What is the total amount of funding you will need for this project including all personal and ministry costs? \$

5. How much are you requesting from the church? \$

6. Describe the overall ministry of the organization with which you will be serving. (Please attach a doctrinal statement of the organization)

7. Describe what you will be specifically doing while on this trip.

8. Why do you believe you will be effective in this ministry? (Mention experience, education, and abilities as they apply).

9. Have you ever been involved in cross-cultural missions? If so, please describe.

10. Please describe your prayer life and Bible study time.

11. Please give a brief testimony of your faith in Jesus Christ.

12. Are you willing to commit yourself to a commissioning service, missions training and team meetings for trip preparation?

13. Please list names and addresses of two Christian adults who are not family members to serve as references, if needed.