Short Term Missionary Application Form

SECTION 1: APPLICANT INFORMATION

Name			Gender	М	F		
Street Address							
City	State		Zip Code				
Phone Number Home ()	Work	Work ()					
Email	Marital S	tatus					
Date of Birth	Place of	Place of Birth					
Country of Citizenship	Ethnicity	Ethnicity					
Contact for Emergency (name/phone)							
For foreign short-term mission trips only:							
Passport Y N Expiration Date		Place of	Issue				
SECTION 2: SHORT-TERM MISSIONS TRIP INFORMATION							
Dates of Program	Location						
Mission Organization							
Contact Person							
On a separate sheet of paper, please provide as much information as possible about the organization including vision, statement of faith, website URL, etc. Please also provide a short description of the itinerary for the short-term missions trip.							
Prior Missions Experience							
SECTION 3: CHURCH BACKGROUND							
Are you a member of the Twin City Chinese Christian Church?					N		
Baptized Y N Place and Date of	of Baptism						

SECTION 4: PRAYER AND FINANCIAL SUPPORT INFORMATION

How Will Prayer Requests Be Distributed?	,				
Name of Contact Person Distributing Pray	er Requests				
Amount of Financial Support Requested		\$			
☐ I have enough money to	cover the expenses	er the expenses. Would be nice to receive some support. er the expenses. Yet, will still be a financial sacrifice. upport, I cannot participate.			
Please include an itemized budget of estin	nated costs fo	r the short term missic	ons trip.		
Are you willing to sign acceptance of the doctrinal statement of TCCCC without reservation?				N	
Please write a one-page testimony that Christian.	describes hov	w and when you becar	ne a		
2. Using additional pages, please provide a. Please describe your regular had b. Why do you want to participate in c. How do your parents/family feel a d. Are you willing to submit to the m the program? If not, please expl	oits of prayer of this short-te about your minission team's	and spiritual discipline rm missions program? ssionary purpose and	es. endeavo		
SECTION 5: REFERENCES					
Please list three references who know you including, but not limited to, pastors, teach				i <u>.</u>	
Name	Email	Email			
Phone Number ()		Relationship			
Street Address					
City	State	Zip Code			

SECTION 5: REFERENCES (cont.)

<u>2.</u>					
Name			Email		
Phone Number	()	·	Relationship	
Street Address					
City			State	Zip Code	
3.			·	·	
Name			Email		
Phone Number	()		Relationship	
Street Address					
City			State	Zip Code	
•					
For Missions Comm	nittee Use	Only			
Date Received		-	Amount of Support	t \$	