



CHURCH OF THE GREAT COMMISSION – Mission Foundation Application
 [Application for Short-Term Missionary Support (2 years or less)]

Date _____

Personal Information

Last Name		First Name		Middle Initial	Social Security Number
Street Address				Birth Date	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
City		State/Province	Postal Code	Country	
Home Phone	Fax	Cell Phone	Email Address		

Complete this Section (If Under the Age 18)

Parents'/Guardian's Name				Your Age	
Parents'/Guardian's Address					
Home Phone		Cell Phone		Email Address	

Family (If Applicable)

Spouse's Name			Birth Date	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
List Dependent Children (List Additional Children in Separate Document and Attach)		Age	Birth Date	Gender
1				<input type="checkbox"/> Male <input type="checkbox"/> Female
2				<input type="checkbox"/> Male <input type="checkbox"/> Female
3				<input type="checkbox"/> Male <input type="checkbox"/> Female

Are you a citizen of the United States? Yes No
 Have you traveled abroad before? Yes No

If yes, where and when? Country: _____ Dates: _____
 Country: _____ Dates: _____
 Country: _____ Dates: _____

What languages can you read, speak or write fluently? 1. _____ 3. _____
 2. _____ 4. _____

Describe any experiences or areas of study that have given you an interest in a different culture.

Church Affiliation

Please list your church membership(s) for the past five years.

Current Church: _____ Dates Attended: _____
 Address: _____ Phone Number: _____

Previous Church: _____ Dates Attended: _____
 Address: _____ Phone Number: _____

Previous Church: _____ Dates Attended: _____
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Describe Past and Present Involvement in Church.



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Mission Information			
With what mission agency or organization are you planning to serve?			
Agency/Organization Name			
Contact's Name			Title
Address			
City		State	Zip Code
Phone		Fax	
Email Address		Web Address	
Where are you planning to serve?			
Country/Countries:			
Mission Field Address			
City		Province	Postal Code
Phone	Fax		Email Address
What are the official dates of your assignment?			
Country:			
Beginning Date:		Ending Date:	
Country:			
Beginning Date:		Ending Date:	
Briefly describe the mission and ministry of which you will be a part.			
What will be your specific responsibilities?			
Describe any previous mission experience.			
Briefly indicate your personal goals in this mission.			
Please attach to this application:			
<ul style="list-style-type: none"> The mission agency doctrinal statement. The mission's financial statement and any additional literature and information you believe would be helpful. A list of Advisory Board Members. 			



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Mission Information - Fruitfulness

Describe the impact of your ministry in providing opportunities for our members on the mission field (Include past trips, number of our church members involved and present and future potential):

Describe the impact of your ministry in *Sharing the Gospel* (Include the number of events, people contacted, people receiving Christ, etc.):

Describe the impact of your ministry in *Making Disciples for Christ* (Include the number of events, people contacted, evidence of maturity, etc.):

Describe the impact of your ministry in *Church Planting* (Include the number of events, number of churches, specific support to start churches, etc.):

Describe the impact and opportunity for *Kingdom Networking* (Ways you or your organization can help our church network with other mission opportunities and organizations):

Health and Wellness

Date of last Physical Exam:

How would you appraise your health? Excellent Good Fair Poor

Please describe any health issues or physical limitations.

Mailing Address:

5032 Forsyth Commerce Road ~ Orlando, FL 32807 USA

Office & Fax: (321) 206-4946 ~ Visit our web site at . . . www.commission.org

The Lord Jesus Christ, Head ~ David T.P. Perrin, Ph. D., Bishop ~ Reginald J. White, M. Div., Pastor



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Education

Schooling	Years Completed	Degree Received and Major	Name of School	Location (City, State)	Did you Graduate?
High School					<input type="checkbox"/> Yes <input type="checkbox"/> No
College					<input type="checkbox"/> Yes <input type="checkbox"/> No
Graduate School					<input type="checkbox"/> Yes <input type="checkbox"/> No
Seminary					<input type="checkbox"/> Yes <input type="checkbox"/> No
Business					<input type="checkbox"/> Yes <input type="checkbox"/> No
Trade					<input type="checkbox"/> Yes <input type="checkbox"/> No
Correspondence					<input type="checkbox"/> Yes <input type="checkbox"/> No

Describe any other specialized or professional training (computers, etc.). If you are presently enrolled in school, what are you studying?

Financial Information

Total support required (Including set-up and transportation costs):	\$
Monthly support required:	\$
Support raised from outside sources (Friends, Family, Other Churches):	\$

Breakdown of support raised from Outside Sources (Provide any additional source information in a separate document)

1	Source: _____ Support Given: \$ _____ Date: _____ Address: _____ Phone: _____ Email: _____
2	Source: _____ Support Given: \$ _____ Date: _____ Address: _____ Phone: _____ Email: _____
3	Source: _____ Support Given: \$ _____ Date: _____ Address: _____ Phone: _____ Email: _____
4	Source: _____ Support Given: \$ _____ Date: _____ Address: _____ Phone: _____ Email: _____
5	Source: _____ Support Given: \$ _____ Date: _____ Address: _____ Phone: _____ Email: _____

Total Amount of Support Raised to Date	\$
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Support Request	
Amount of support requested from the Mission Foundation:	\$

References			
Please provide the name of two Church of the Great Commission partners (preferably someone in a leadership role) who knows you well.			
Name	Telephone Number	Years Known	Ministry
1.			
2.			

Prayer Partners		
List two or three brothers or sisters in Christ who are willing to commit to regular prayer for you and correspondence with you throughout your assignment.		
Name	Telephone Number	Email Address
1.		
2.		
3.		

Applicant's Statement (Read Carefully)
<p>I authorize the use of any information in this application and any attached supplements to verify my statements, and I authorize the past employers, schools, churches, all references, and any other persons or organizations, whether or not identified in this application, to answer all questions asked concerning my ability, character, reputation, and previous employment record. I release all such persons from any and all liability or damages on account of having furnished such information.</p>
<p>Applicant's Signature: _____ Date: _____</p>
<p>Thank you for completing this application. Upon receipt, the Mission Foundation Team will begin the 45 - 60 day evaluation process of your request. You will be contacted by mail or phone regarding the Team's response to your request. May God continue to bless, and provide for, you and your ministry.</p> <p>Please mail or fax your completed application and requested documentation to:</p> <p>Church of the Great Commission Attn: Mission Foundation P.O. Box 780609 Orlando, FL 32878-0609</p> <p>You may also fax your application to us at (321) 206-4946.</p>

Office Use Only					
Application Completed & Signed: <input type="checkbox"/> Yes <input type="checkbox"/> No			Submitted with Attachments: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Date Received	Date Assigned	Date(s) Evaluated	Evaluated By	Request Granted?	Support Given
/ /	/ /			<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Comments					