

Non City on a Hill Short-Term Missions "Request for Financial Support" Form

	Personal Information:								
	Name:								
	Home Address:								
	Telephone:	Home:		Work	:				
		Mobile:							
	E-mail Address:								
	Date of Birth:								
	Health card number:				Version code	(if applicable): _			
	Citizenship:								
	If NOT a Canadian C	itizen, Immigration Status ir	n Canada: 🗖	Student	☐ Visitor	☐ Landed	☐ Work		
I.	Emergency Contact:								
	Name:			Relation	ship:				
	Phone number:		_ (home)			(a	alternate)		
	If the above person is unavailable, please contact:								
	Name:			Relation	ship:				
	Phone number:		_ (home)			(alternate)		
II.	Church Membership When did you start at								
	Are you currently a si	gned member of the church	n? 🗖 Yes		□ No				
	Since when?:								
	If not, you must take membership classes to participate.								
	Have you taken Disci	pleship 1?	☐ Yes		□ No				
	When?:								
V.	Personal Medical History (e.g. recent illnesses, past major/chronic illnesses, operations, out-patient treatment, hospital admissions or counseling/therapy that would be pertinent for us to be aware of)								
		by your family doctor in the mmend that you be seen by			□ No o on your mission	ns trip.			



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Short-term mission information:							
Country of destination:							
Dates of your trip:							
Are you going with a mission agency? ☐ Yes ☐ No							
If yes, with which agency?: Please provide contact information of the mission agency:							
Agency Contact Person:							
Agency Address:							
Agency Phone number:							
If no, please explain why not. Include, with whom &/or to whom will you be going?							
What will be the nature of work/ministry that you will be doing during your short-term mission trip?							
Who will be your team leader or supervising your mission trip? Please include contact information(phone number & E-mail address):							
Please include contact information(phone number & E-mail address):							
What is your financial budget for this trip? On a separate sheet of paper, please give a brief summary of your budget.							



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VI.	Personal Testimony: Please write your story that also includes the following information (approximately two double spaced pages in length): How long you have been a Christian? What your life was like before Christ? How Christ became part of your life? How Christ is making a difference in your life now?						
VII.	Mission Goals and Expectations: On a separate sheet of paper, please answer the following questions: What does missions mean to you? Why do you want to go on this mission trip? What are your goals and expectations for this mission trip? Briefly share any gifts or talents, and interests (hobbies) you have?						
VIII.	/III. References (references must have known you for at least 2 years)						
	i. Name:						
	How long has this person known you?:						
	Telephone number:						
	E-mail:						
	ii. Name:						
	How long has this person known you?:						
	Telephone number:						
	E-mail:						
The infor	mation contained on this form is accurate to the best of my knowledge.						
Applicant	's signature: Date:						