



SOUTH CALGARY CHINESE EVANGELICAL FREE CHURCH

SHORT-TERM MISSION APPLICATION FORM

1. Name: _____
Surname First Middle

2. Address: _____

Phone: _____ Cell: _____ Email: _____

3. Date of Birth: _____ Gender: Male Female
(Month / Day / Year)

4. Permanent Residency: _____ Citizenship: _____

Name shown in Passport: _____ Passport No.: _____

Passport Country: _____ Passport Expiry Date: _____

5. Health Care No: _____ Province: _____

6. Occupation: _____ Employer: _____

7. Have you accepted Jesus Christ as your Lord and Saviour. When? _____

8. Have you been baptized? When? _____ Where? _____

Congregation: English Cantonese Mandarin

SCCEFC Church Member: Yes No Other church membership: _____

Please write your testimony and answer the following questions: (Can be on a separate sheet of paper)
Describe your personal habits of prayer and Bible Study.

Describe your past experience in short term missions.

How is God leading you to participate in this Mission?

What are your expectations and goals for this mission?

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Ministry Information:

List all other churches/Christian organizations you have attended regularly during the past five years and indicate areas of involvement.

1. Name of Church _____ Phone No.: _____
Dates and Description of Ministry _____
Pastor or Ministry Supervisor _____

2. Name of Church _____ Phone No.: _____
Dates and Description of Ministry _____
Pastor or Ministry Supervisor _____

3. Name of Church _____ Phone No.: _____
Dates and Description of Ministry _____
Pastor or Ministry Supervisor _____

What training have you received that would equip you for ministry?

Confidential Information:

As a witness and branch of Christ's character and love, we, the church, want to provide a safe and secure environment for the people we minister to. Therefore, we feel that it is necessary to include the following questions as part of our application process. This process will help us to help you to serve at your best. Answering yes to the following question may not necessarily preclude your involvement in ministry. The Mission Committee keeps all information strictly CONFIDENTIAL. Thank you in advance for your understanding.

- Do you have any past or present experiences or physical limitations that may hinder you from a Godly ministry with others? For example: medical health problem, psychiatric condition, any type of past abuse, criminal convictions, alcohol or drug related addictions, sexual crimes or sexual misconduct, etc.

No Yes

If you have answered yes to the above question, we, the Mission Committee, would like to discuss with you for clarification. We hope to assist you to serve God here at this church.

References:

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Please provide the names and contact information of three individuals, who are not family relatives, who could provide a reference for you. Please include **at least one current or past SPIRITUAL LEADER** (pastor, small group leader, counselor, etc.).

1. Name: _____

Relationship: _____

Address: _____ Phone #: _____

2. Name: _____

Relationship: _____

Address: _____ Phone #: _____

3. Name: _____

Relationship: _____

Address: _____ Phone #: _____

Apply for mission trip: _____ When? _____

Signature of Applicant: _____ Date: _____

** If under 18, please also have the below signature.*

Name & Signature of Parent/Guardian _____ Date: _____

Official Use Only

Mission Committee Approval: _____ Date: _____

Remarks:

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STM Summary *for non-SCCEFC short-term mission trip

Name of Applicant: _____

Mission Organization/Trip contact information:

Organization Name: _____

Contact Person: _____ Email: _____

Address: _____ Phone #: _____

Details of the missions work

1. Name of the Mission: _____

2. Total Period of the mission work: _____

3. Type of the mission work: _____

4. Date of departure: _____

5. Date of return to Calgary: _____

Needs (provide documentation as needed)

a) Travel Expense (air, sea or land as specified) \$ _____

b) Total Living Expense (monthly \$ _____) \$ _____

c) Total miscellaneous Expense (monthly \$ _____) \$ _____

Total Needs \$ _____

Personal Commitment of Resources

a) Own savings / support from family Total Personal Resources \$ _____

Insufficiency fund \$ _____

In the case of insufficient resources, are you formally requesting financial assistance by the Church?

YES _____ NO _____ If yes, how much: \$ _____

Ways proposed by the candidate to make up the insufficiency

Official Use

Support from the Church (if any): \$ _____

Mission Committee Funding Approval: _____ Date: _____