

SHORT TERM MISSIONS

Application for Support
Granada Heights Friends Church

PERSONAL INFORMATION

Name _____

Address: _____

Phone: _____

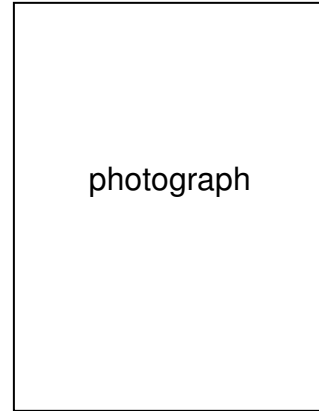
Cell Phone: _____

E-mail: _____

Best way to contact you: _____

Occupation: _____

Birth Date _____



FAMILY INFORMATION

Marital Status _____ Spouse's name _____

Any children? Names & ages: _____

Will spouse/children be accompanying you on this trip? _____

Parents' names (18 and under or HS students) _____

Do they attend Granada? _____ *Are they members of Granada?* _____

How long have you attended Granada Heights Friends Church? _____

Are you a member of Granada? _____

Have you talked with your family members about short-term missions? Are they supportive or not? Please explain. _____

FIELD INFORMATION

What location and type of ministry are you applying for? _____

Why are you choosing this ministry and location? _____

Please explain why you would like to participate on a short-term trip. _____

Place of Ministry _____

Dates of trip _____

Cost for one person _____

Amount raised to date _____

Payment deadline _____

Desire Financial Support? (circle) **YES** or **NO**

CHRISTIAN GROWTH & MINISTRY EXPERIENCE

1. What does it mean to be a Christian and how do you know you are a child of God? How would you describe your current relationship with Jesus? _____

2. Describe your ministry service experience, as well as any related training you have gone through or are going through. How is this similar to the work that you will be doing on this trip? _____

3. What ministries have you participated in at Granada Heights Friends Church? _____

4. Are you involved in any other ministries outside of Granada Heights Friends Church? Please describe them: _____

5. Describe how short-term missions trip relates to long-term missions _____

6. Do you feel led to long-term mission work? _____

7. Are you willing to participate in training required by Granada Heights Friends Church? _____

8. Have you had any cross-cultural or formal training for this specific trip? _____

9. Have you had any other formal training for cross-cultural work in general or in the past? _____

REFERENCES

1. Pastoral Reference

Name _____

Phone _____

E-mail _____

2. Ministry Partner

Name _____

Phone _____

E-mail _____

3. Personal Reference (unrelated)

Name _____

Phone _____

E-mail _____

Please sign and date below to verify that the above information given is true

Signature

Date

Return to: Missions Department
Granada Heights Friends Church
11818 S. La Mirada Boulevard
La Mirada, CA 90638
(562) 943-7255

For Missions Office Use:

Date received:

Called references/names & dates:

1.

Comments:

2.

Comments:

3.

Comments:

Committee interviewed the applicant. Date_____

Funds distributed_____ Amount_____

Other Comments: