

Application for Missionary Support
Bethel Evangelical Missionary Church

Personal Information:

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ (home) _____ (work) Email _____

Date of Birth: _____ Occupation and/or Employer _____

Education:

Secondary School completed: _____

College/University: _____ Program/Degree _____

Other Workshops/Seminars attended: _____

Spiritual History:

When did you receive Christ as your Savior? _____

Have you been baptized? ☐ Yes ☐ No

In a brief paragraph, please outline your spiritual journey. _____

Ministry Involvement:

How long have you attended Bethel Evangelical Missionary Church? _____

Ministry experience and involvement: _____

Mission Information:

What is the name of the agency/mission that you will be serving with: _____

Is the agency/mission a registered charity in Canada? _____

Summarize the agency's/mission's ministry and goals: _____

Please provide the name, phone number and address of a person with the agency/mission that could be contacted for more information if required: _____

(please attach the agency/mission statement of faith and other pertinent information)

Where are you planning to serve? _____

Date of Departure: _____ Date of Return: _____

What will your responsibility and involvement be? _____

What preparation and training are required for this ministry? _____

Will the agency/mission accept responsibility for your safety, health and any emergency situations that may arise? _____

Support:

What are the support requirements for your mission involvement?

Funds required: _____ Other: _____

Please indicate the name and address that financial contributions may be directed to:

Signature _____ Date _____