

## SHORT TERM MISSIONS APPLICATION

First Name:	Last Name:	Marital Status:		
Street Address:	City:	State, Zip Code:		
Mailing Address: (if different)	City:	State, Zip Code:		
Home Phone:	Cell Phone:	Email:		
Birth Date:	Birth Place:	Current Age:		
Spouse's Name (if applies):	Child(ren)'s name(s):	Age:	Are they joining you on this mission?	
Is your spouse joining you			yes no	
on this mission? yes no			yes no	
,			yes no	
	 esses or surgeries you have ha	<u> </u>	yes no	
Under what agency are you expecting to serve?		What are the dates of your mission trip?		
To what country or area do you plan to go?	With whom will you work and be directly accountable?	Has Grace Point received confirmation of your approval for service from the above agency?  yes no		
Specifically, what will your ministry be?				
What experience have you h	ad in this type of work?			

Are you a member of Grace Point? yes no	If yes, how long?	If no, where do you attend church?			
Grace Point desires to support individuals who have a heart for ministry, whether at home or abroad. How have you demonstrated a heart for ministry? Where are you currently ministering within your church family?					
	our conversion and Christian jo				
How would someone who knows you describe the quality of your Christian character on a day by day basis?					
What is the most exciting cha	ange God has brought about in	your life lately?			
What plan do you presently follow in maintaining your devotional life?					

Does your life style differ from the life style of the world? In what ways?  What influences have led you to consider involvement in missions or what motivates your missionary concerns?					
Have you ever taken any training in evangelism classes? yes no	What are your estimated costs?	How are you planning to meet these costs?			
trip? For example, prayer pa	Grace Point Missions Team to	unicating methods, etc.			
Your Signature:		Today's Date:			