

CALVARY BAPTIST CHURCH, OSHAWA

SENDING REQUEST FOR SHORT TERM MISSIONS OPPORTUNITY

(over the age of 18)

“Set apart for me ___ for the work to which I have called them.” Acts 13:2

Specific Mission Agency Request _____

Name _____ Date _____

Address _____

Date of Birth _____ Phone _____ E-mail _____

Level of Education Completed: High School - Grade _____

College - Year _____

University - Year _____

I have read the Church's *Statement of Faith* Yes No

Are you in agreement with *the Statement of Faith*? Yes No

Have you been baptized? Yes No

If yes, where and when? _____

If no, are you willing to be baptized prior to your mission trip? Yes No

Are you a member of Calvary Baptist Church? Yes No

If no, are you willing to become a member prior to your mission trip? Yes No

Share a personal statement of your present relationship with Jesus Christ (*include when and how you became a Christian, as well as present spiritual growth strategies*).

CALVARY BAPTIST CHURCH, OSHAWA - Sending Request over 18 (continued)

Please describe your involvement in church ministries at Calvary:

Please give a brief explanation why you want to be involved in missions (*skills, gifts, outcomes*):

Specific Mission Agency Request _____

Country of Service _____ Name of program: _____

I am enclosing a copy of the mission's ministries brochure. Yes No

Date and length of intended service: _____

Nature of your involvement: _____

Why are you interested in this particular ministry? (*Note: Our preference is to partner with existing global partners of Calvary Baptist Church*) _____

How do you expect this experience to benefit you? _____

What is the total amount you are required to raise in Canadian Dollars? \$ _____

CALVARY BAPTIST CHURCH, OSHAWA - Sending Request over 18 (continued)

List the names and addresses of three people who know you well and would be willing to complete a confidential reference on your behalf.

1. Pastor who knows you best: Name _____
Address _____

Phone _____ E-Mail _____

2. Friend: Name _____
Address _____

Phone _____ E-Mail _____

3. Friend: Name _____
Address _____

Phone _____ E-Mail _____

_____ Date

_____ Signature of applicant

Please return your completed application to either the Coordinator of Short Term Missions; the Chairman of Global and Outreach Ministries or the Church office.