



Global Mission Partnern Application

Personal Information

Name: _____ DOB _____

Email: _____

Tel# _____

Marital Status; Single Married Divorced

Names and Ages of children(If applicable):

1. _____ 2. _____

3. _____ 4. _____

Will your family be serving with you? Yes No

Emergency Contact Info:

Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Work Phone: _____

Assignment

Mission Agency or group you will serve with: _____

Dates of the assignment: _____

Country of assignment: _____

Mission:

- Please describe the ministry you will have on the field:
- Will you be working with a team? Yes No
- Who are the other key ministry team members (if known)?:
- What personal goals do you hope to realize as a result of this ministry?:
- How do those goals relate to your long-term missions/ministry goals as a Christian?:
- What learning experiences are you expecting from this ministry?:
- What steps have you taken, or will you take, to prepare for this ministry?:

- With which Family/Mentors/Pastors have you discussed your participation on this ministry?:
- What were their reactions?:

Ministry Experience:

- Please list any previous missions experience, Start with most recent first and include; Country, Mission Organization, Dates, Ministry
- Please list any local outreach experience (Organization, Dates, Ministry):
- Are you a member of a local church? Where? How long?:
- Please list ministries you have been involved in at church and what your participation has been.:
- Please list any missions classes or training you have had:
- Please list any special skills, talents, foreign language you have.:

Spiritual Background

- Please share your testimony of how you began a relationship with Jesus Christ and how you have grown in that relationship:
- Please describe one or two examples of how God is currently working in your life.:
- Have you ever been discipled or been a member of a small accountability group? By whom?:
- What are your personal disciplines in regard to prayer, Bible study, scripture memory, worship?:
- Have you personally led any individuals into a personal relationship with Jesus Christ?:
- What do you consider to be your spiritual gifts?:
- What books have been most influential in your life? What magazines/periodicals do you read with fair regularity?:
- Please explain briefly what you hope God to do in and through you on this mission.:

Education/Employment

Did you graduate from High school: Yes No

Did you graduate from College/University Yes No

If yes list degree and school _____

Other Education: _____

Present Employer: _____

Title/Responsibilities: _____ Length of Employment: _____

Financial

- How do you plan to finance your mission?:
- Do you currently have any significant debts/financial obligations? Student loans, ect.
- Please list the expenses pertaining to your mission as accurately as possible:

Monthly Support Needs;

- | | |
|--|----------|
| 1. Living Expenses: (Housing, utilities, groceries, ect) | \$ _____ |
| 2. Ministry Expenses: (Training, materials, tech support ect) | \$ _____ |
| 3. Benefits: (Health care, retirement fund, social security ect) | \$ _____ |
| 4. Other: List | \$ _____ |
| Total | \$ _____ |
| | |
| 1. Monthly Support Goal | \$ _____ |
| 2. Current Support | \$ _____ |
| 3. Monthly Support Request from Waipuna Chapel | \$ _____ |

Name of 501C Mission Agency support should be sent to:

Health

- Do you have any present health concerns?
- Please state any major illnesses you have had in the last five years:.
- Are you presently under the care of a physician? If yes, please explain:
- Please list any medication you are taking and allergies you have:
- Do you require special inoculations for the geographical area where you will serve?:
- Do you have any emotional or relational problems that may impact the team on this ministry?:

References

Please provide two pastoral references:

1. Name _____ Church _____
Contact Info _____
2. Name _____ Church _____
Contact Info _____

Please provide two personal references:

1. Name _____ Relationship _____
Contact Info _____
2. Name _____ Relationship _____
Contact Info _____

Commitment to Waipuna Chapel

If Waipuna Chapel agrees to take you on as a Global Missions Partner, I agree to the following:

1. Communicate regularly with The Waipuna Chapel Missions Committee
2. Submit an annual Global Mission Partner Review.
3. Financial Transparency

Signature

Date

Revised 6/10/2017