

Waipuna Chapel Short-term Mission Support Application

General Information

Name:	DOB:	
Email:	Tel#:	
Marital Status:		
Pastoral Reference:		
Name:		
Church:	Tel#	
Additional Personal References:		
1	Tel#	
2	Tel#	
Emergency Contact:		
Name:	Tel#	
Mission Information:		
Destination:		
Mission Dates: From	To:	
Mission Organization/Affiliation:		
Mission Leader Name:		
Summarize Mission Objective: (Review Expectations for Short-term Mission Teams From Waipuna Chapel Guidelines)		

Spiritual Background/ Experience

Are you a member of Waipuna Chapel? \square Yes \square No Are you a member of another Church? \square Yes \square No
Are you currently serving in a ministry at Waipuna Chapel? \square Yes \square No Are you currently serving in a ministry at another Church? \square Yes \square No
If yes, please describe:
Write a brief summary of your Faith journey
List any short-term or long-term mission's experience:
Please list any local outreach experience:
Personal Growth objectives during mission trip:
Support Requested
Please indicate the type of support you are requesting from Waipuna Chapel's Missions committee:

Please list the expenses pertaining to your short-term trip as	s accurately as possible:
Travel expenses: \$ Medical Expenses: \$ Ministry Expenses: \$ Total support needed: \$ Total support raised to date: \$	
Date support is due:	
Do you currently have any significant debts or financial oblig If yes briefly describe:	
If Waipuna Chapel decides to financially support my ministry	, I will commit to the following:
 Write a 1-3 page summary of my short-term ministry my short-term mission trip Prepare a 10minute presentation of my short-term m Be willing to present my experience to the congregati Chapel. Be creative, we just want to hear from you. 	ission experience.
Signature	Date
Application Discussed on Date:	
Additional Info Required from Applicant:	
Approved □ Yes □ No	
Amount \$	
	Date
Signed	Date

Waipuna Chapel Mission's Committee