

# WORLD GOSPEL CHURCH (WGC)

## SHORT or FULL TERM MISSIONS (STM/FTM)

### SUPPORT APPLICATION

**APPLICATION:** (Expand the spaces or attach additional pages if needed)

Your Name:

Your Address:

Your Telephone:

Your Email:

WGC Member: Yes No How long a member:

Regular attendee at WGC? Yes No How long a regular attendee:

Last education completed:

Claim WGC as your Home Church Yes No Explain your Engagement at WGC:

**Organization:** Pioneers OCI OMS WGM Other

If Other, provide the organization's following information:

Attachment a statement of Faith.

Website:

Address:

Name of Contact:

Phone:

Email:

**If STM,**

**Trip Coordinator or Contact Person:**

**Address:**

**Telephone:**

**Email:**

**Dates of Proposed Trip:**

**Location for Proposed Trip:**

**Country:**

**State:**

**Zip code:**

**Purpose of Proposed Trip (including a copy of agency's brochure for this trip):**

**Your Role for Proposed Trip:**

**If FTM,**

**Supervisor:**

**Address:**

**Telephone:**

**Email:**

**Location of assignment:**

**Country:**

**State:**

**Zip code**

**Email:**

**Your Education:**

**Purpose of assignment:**

**Your Role:**

For both STM and FTM.

Have you been approved by the organization? Yes No Individual Cost for assignment:

When are funds needed?

Payment Mailing Information (include account # if needed):

Describe your fund-raising plans and progress:

Describe why you want to participate in this mission work:

Describe your previous involvement with missions:

WRITE A PERSONAL TESTIMONY OF YOUR FAITH IN CHRIST

Email this form to Ken Baker, [bakerkandk@aol.com](mailto:bakerkandk@aol.com) or turn in at the WGC office.