

WORLD GOSPEL CHURCH (WGC)

SHORT-TERM/FULL TIME MISSIONS APPLICATION (STM/FTM)

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

Name:

Address:

Telephone:

Email:

WGC Member: Yes No How long a member:_____

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

Claim WGC as your Home Church Yes No How engaged at WGC:_____

Agency:

Pioneers OCI OMS WGM Other:

Email:

Country:

State:

Zip code:

If STM,

Trip Coordinator or Contact Person:

Address:

Telephone:

Email:

Organization Website:

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:

Organization Website:

Location of assignment:

Country:

State:

Zip code

Email:

Purpose of assignment:

Your Role:

For both STM and FTM.

Have you been approved by the agency? 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 or turn in at the WGC office.