

# WORLD GOSPEL CHURCH (WGC)

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

### SUPPORT APPLICATION

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

This document is to be submitted to the church office at least two weeks before the scheduled monthly missions committee meeting. Decisions on applications are only made during regularly scheduled committee meetings

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.

Updated 6/5/18