



# DAWSON CREEK ALLIANCE CHURCH INDIVIDUAL APPLICATION FOR SHORT- TERM MISSION TRIP

## APPLICANT INFORMATION

Applicant Name:

Trip Name:

Team Lead Name:

Team Lead Contact Number:

Applicant Contact Number:

### WHY HAVE YOU CHOSEN TO BE PART OF THIS SHORT-TERM MISSION TRIP?

### WHAT DO YOU FORSEE YOUR PURPOSE WILL BE IN THIS SHORT-TERM MISSION TRIP?

### WHAT DO YOU PERSONALLY HOPE TO GAIN FROM THIS SHORT-TERM MISSION TRIP?

### HOW DO YOU PLAN TO SHARE WITH THE DC ALLIANCE CHURCH FAMILY YOUR EXPERIENCES ON THE SHORT-TERM MISSION TRIP?

## APPROVAL

Date Individual Application submitted to Missions:

Date Team Application submitted to Missions:

Date of approval from Elders:

## ADDITIONAL INFORMATION

\*Please refer to projected costs per person on approved Team Application form as well as guidelines for fundraising.

\*Please Note: All Short-Term Mission Trip applicants must agree to pay a pre-established portion of their personal expenses in order to be approved.

## COMMENTS FROM MISSIONS TEAM

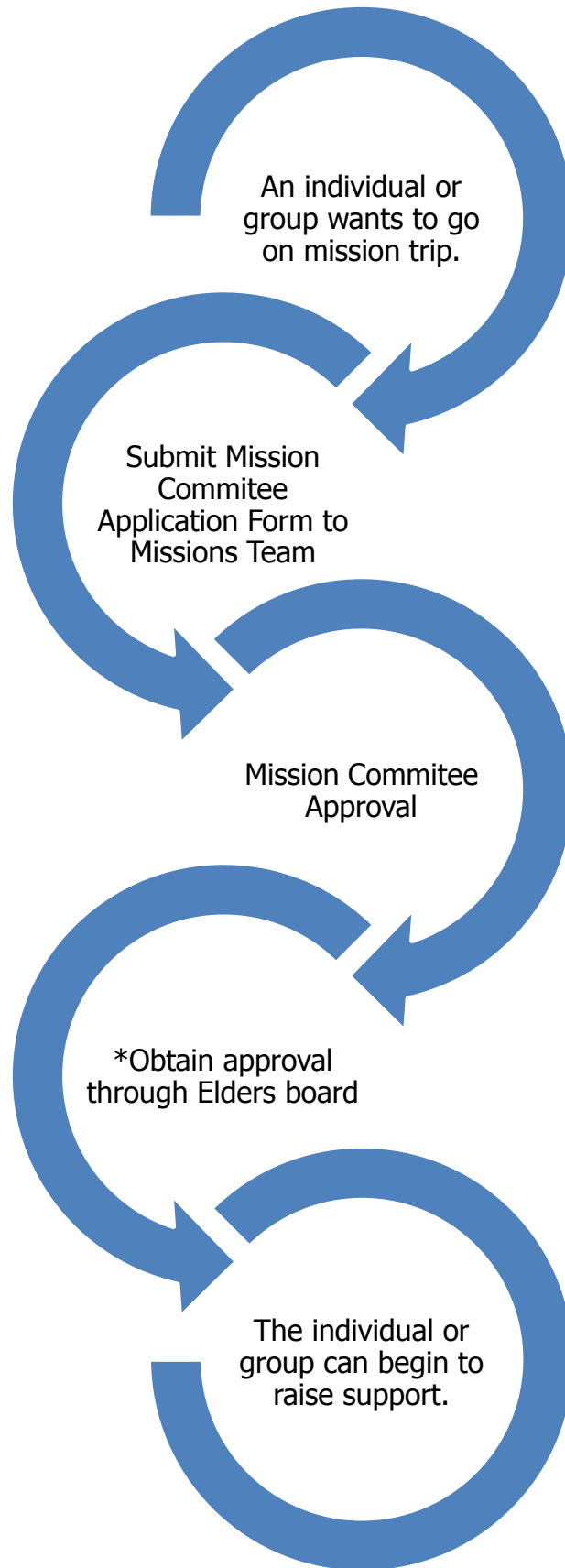
Mission Member Signature:

Date:

Mission Member Signature:

Date:

# Short Term Missions Trip Approval Process



*\*Please note, Elders Board meets once per month. Please allow sufficient time for approval process.*