## **VCEFC Application for SHORT-TERM Missions**

Please complete this form in full and submit it to the Missions Dept.at least **three months** before the proposed activity date. **Applications not received by that date may not be considered.** 



I. Per	ersonal Information:		
Name	ne: Toda	Today's date:	
Addres	ress		
Tel:	(Home): (Cell	):	
Email	nil address:		
Date c	e of birth: Citize	enship:	
If you	u are not a Canadian citizen or landed immigrant, will the ☐ Yes ☐ No	host country grant you visa?	
1.	Please mark as appropriate:		
	I am a: ☐ member ☐ non-member ☐ regular attend	lee for (circle) months/ years	
	☐ new attendee of VCEFC		
2.	Are you a member of a Fellowship Group? ☐ Yes ☐ No		
	a) If "yes," for how long? Name	of fellowship:	
	Please provide leader's name and contact informati	on:	
	b) If "no," what are the reasons?		
3.	With what ministries at VCEFC have you been involved? (Or, if you are not involved with VCEFC, please describe your present involvement with your home church.)		
	Please provide ministry contact person's name and info	ormation.	

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4.	Have you ever served as a missionary, either short-term or long-term? $\ \square$ Yes $\ \square$ No		
	a) If yes, when and where did you serve?		
	b) With which organization did you serve?		
II.	Missions Information:		
1.	Dates of intended activity/ program:		
2.	Name of activity/ program:		
3.	Location of activity/ program:		
4.	Purpose of activity/ program:		
5.	Details of this activity/program and its relevance to missions:		
6.	Why do you want to be part of this particular missions activity/ program?		
	Explain how this activity/ program will be beneficial to your personal and spiritual growth.		

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	What are your expectations regarding this missions activity/ program?					
7. /	for	nission's trip requires a major time commitment. In addition to the trip itself, the team meets training as organized by your team leader. After the trip, all projects require a debriefing seting and the completion of an evaluation form.				
	*	Are you willing to commit to the necessary time requirement for this trip? ☐ Yes ☐ No				
	*	What possible time conflicts might you have during the preparation and debriefing periods?				
	*	Do you understand that flexibility is a must? ☐ Yes ☐ No				
8.	cor	elationship building is a challenging part of team experience. Please note that failure to mply respectfully with the Team Leader/ Point Person or Missions Coordinator could result termination.				
	*	Are you willing to respect and submit to the team? ☐ Yes ☐ No				
	*	If you have recently felt misunderstood or wronged, please describe how you responded.				
0	D-					
9.		you have any health, medical, or dietary restrictions? If so, please explain.				

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<ul><li>10. Various cultures noid different behave in appropriate man</li><li>11. Please indicate the approx</li></ul>	ner? □	]Yes □ No	na nereby pleage to				
Activity	Cost	Activity	Cost				
1. Travel to destination (air, train, bus, car)		5. Others (please specify)					
2. Medical insurance	<del> </del>						
<ul><li>3. Vaccinations</li><li>4. On field travel, Food,</li></ul>							
Accommodation							
		Total Cost:					
<ul> <li>a) Indicate whether you are planning to apply for funding from other sources (i.e. other churches or organizations)</li> </ul>							
<ul> <li>b) Do you wish to apply for funding from VCEFC? ☐ Yes ☐ No</li> <li>If yes, indicate the amount of funding you wish to apply for</li></ul>							
12. List any pamphlets/ web p	age addresses	(URL) about this activity/ progra	m.				
Signature: Date:							
For committee official use Approved by Missions Comr		No Amount:					
Approved by Pastor: Yes No Signature of pastor: Approved by the Board: Yes No Signature of chair:							

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Please use the checklist below as a guideline to complete your short-term mission application:			
☐ I have read and understood the VCEFC Short-term Missions Policy.			
☐ I have met with my church leader (counsellor/ pastor) to explain my opportunity to serve on missions. Attached is a letter of recommendation from the leader.			
☐ I have completed the short-term mission application form in full with a prayerful heart.			
☐ I have included a copy of my personal testimony in this application.			
<ul> <li>I have included the necessary documentations from my mission organization.</li> <li>(e.g. pamphlets, statement of faith, budget guideline, outline of ministry requirements).</li> </ul>			
For applicants going on a three-month or longer trip: I have prepared my first prayer letter and have at least 5 prayer partners whom I am confident will pray for my ministry.			
For minors (under 19 years old): I have included a parental/ guardian consent form and a waiver of liability form in this application.			

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## **VCEFC Missions Department**

## **Report on My Short-Term Missionary Trip**



Please fill in the form below and submit to the missions department within four weeks of your return from your short term missionary trip.

Name:	Date:	
Memorable events of the trip:		
What spiritual lessons I have learne	d:	
Recommendations:		

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