



## APPLICATION FOR LONG-TERM MISSIONS SUPPORT

335 SARATOGA ROAD  
GLENVILLE, NY 12302

WWW.EGCCCHURCH.ORG

### PERSONAL

	YOU	SPOUSE, IF APPLICABLE
NAME		
DATE OF BIRTH <i>(EX. 07/04/1776)</i>		
CITIZENSHIP		
FIELD ADDRESS		
HOME ADDRESS		

### EDUCATION

YEAR OF HIGH SCHOOL GRADUATION		
COLLEGE(S) ATTENDED		
YEAR GRADUATED		
DEGREE, MAJOR, MINOR		
FOREIGN LANGUAGE(S)		
FLUENCY		
SPECIAL SKILLS		

NAME(S) OF CHILDREN	BIRTHDATE	BELIEVER?

WHICH FAMILY MEMBERS WILL BE GOING WITH YOU? \_\_\_\_\_



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HOW DOES YOUR FAMILY FEEL ABOUT YOUR GOING TO THE MISSION FIELD? \_\_\_\_\_

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## EMPLOYMENT (PAST 5 YEARS)

JOB TITLE \_\_\_\_\_ COMPANY \_\_\_\_\_  
FROM \_\_\_\_\_ / / \_\_\_\_\_ To \_\_\_\_\_ / / \_\_\_\_\_

JOB DESCRIPTION \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

JOB TITLE \_\_\_\_\_ COMPANY \_\_\_\_\_  
FROM \_\_\_\_\_ / / \_\_\_\_\_ To \_\_\_\_\_ / / \_\_\_\_\_

JOB DESCRIPTION \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

JOB TITLE \_\_\_\_\_ COMPANY \_\_\_\_\_  
FROM \_\_\_\_\_ / / \_\_\_\_\_ To \_\_\_\_\_ / / \_\_\_\_\_

JOB DESCRIPTION \_\_\_\_\_

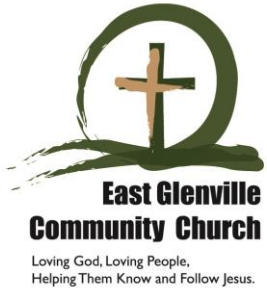
CONTACT PERSON \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

PLEASE ATTACH ANOTHER PAPER IF NEEDED TO SHOW PAST 5 YEARS.

PLEASE PROVIDE ANY OTHER EMPLOYMENT DATA PRIOR TO THE LAST 5 YEARS THAT MAYBE PERTINENT FOR OUR CONSIDERATION.

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## MILITARY SERVICE

BRANCH \_\_\_\_\_ RANK/RATE \_\_\_\_\_ DATES \_\_\_\_\_

JOB DESCRIPTION

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## GOVERNMENT SERVICE

WILL YOU BE IN THE EMPLOY, REPRESENTING, OR WORKING ON BEHALF OF ANY GOVERNMENT OR GOVERNMENTAL AGENCY, OFFICIALLY OR UNOFFICIALLY, WHILE ON THIS TERM OF SERVICE? \_\_\_\_\_

IF YES, PLEASE EXPLAIN: \_\_\_\_\_

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## HEALTH & SOCIETY

DO YOU OR YOUR FAMILY MEMBERS HAVE ANY KNOWN HEALTH PROBLEMS THAT MIGHT HINDER YOUR MINISTRY? IF YES, EXPLAIN

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DO YOU HAVE ANY EMOTIONAL DIFFICULTIES, IF SO PLEASE EXPLAIN?

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HAVE YOU OR YOUR SPOUSE EVER BEEN CONVICTED OF A CRIMINAL OFFENSE? \_\_\_\_\_

HAVE YOU OR YOUR SPOUSE EVER HAD AN ALCOHOLIC OR OTHER SUBSTANCE DEPENDENCY?

IF YES IN EITHER CASE, EXPLAIN HOW THIS RELATES TO YOUR SPIRITUAL EXPERIENCE, AND WHAT YOU HAVE LEARNED.

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**CHRISTIAN SERVICE**

LOCAL CHURCH SERVICE (DEACON, MUSIC, ELDER, ETC.) \_\_\_\_\_

MISSIONARY EXPERIENCE (HOME OR FOREIGN) \_\_\_\_\_

\_\_\_\_\_

HAVE YOU EVER TURNED DOWN MISSIONARY SERVICE? IF YES, GIVE DETAILS

\_\_\_\_\_

\_\_\_\_\_

ARE YOU OR HAVE YOU BEEN A PASTOR OF A LOCAL CHURCH? IF YES, PLEASE FILL IN BELOW. \_\_\_\_\_

NAME OF CHURCH(S)	LOCATION	DATES OF SERVICE
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_____	_____	_____
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REASON FOR LEAVING \_\_\_\_\_

NAME OF CHURCH(S)	LOCATION	DATES OF SERVICE
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REASON FOR LEAVING \_\_\_\_\_



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### FINANCIAL SUPPORT

WILL YOU BE COVERED BY	YES/NO	PAID BY YOU	PAID BY MISSION ORG.
PENSION FUND			
MEDICAL INSURANCE			
TRAVEL ALLOWANCE			
VACATION/LEAVE			
RELOCATION ALLOWANCE			
EDUCATION ALLOWANCE			
EMERGENCY FUND			

WILL ANY OF THE ABOVE BE SUPPLEMENTED BY ANY GOVERNMENT PROVIDED BENEFITS IN THE COUNTRY YOU WILL BE SERVING? IF YES, PLEASE EXPLAIN.

TOTAL MONTHLY SUPPORT REQUIRED \$ \_\_\_\_\_ BY (DATE) \_\_\_\_\_

INITIAL OUTFITTING COST \$ \_\_\_\_\_ BY (DATE) \_\_\_\_\_

WHAT AMOUNT OR PERCENTAGE GOES TO THE MISSION BOARD TO COVER ADMINISTRATIVE COSTS? \$ \_\_\_\_\_

WILL YOU HAVE ADDITIONAL INCOME, SUCH AS THROUGH SECULAR EMPLOYMENT, INVESTMENT OR RETIREMENT INCOME, COLLATERAL CHRISTIAN MINISTRY, ETC.? \_\_\_\_\_

IF YES:

DOES THIS AMOUNT DECREASE THE AMOUNT NEEDED ABOVE? \_\_\_\_\_

PLEASE PROVIDE DETAILS, INCLUDING WITH WHOM, MONTHLY INCOME, ETC.

DO YOU HAVE ANY FINANCIAL DEBT? IF YES, PLEASE EXPLAIN.



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### YOUR SPIRITUAL HISTORY

WHAT WAS THE APPROXIMATE DATE OF YOUR CONVERSION? \_\_\_\_\_

GIVE A BRIEF TESTIMONY OF YOUR CONVERSION. \_\_\_\_\_

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DESCRIBE BRIEFLY THE PRINCIPAL PERSONS OR INFLUENCES THAT HAVE DISCIPLED YOU TO THE PRESENT STATE IN YOUR SPIRITUAL MATURING.

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IN YOUR CHRISTIAN WALK, WHAT IS CURRENTLY YOUR GREATEST AREA OF GROWTH OR SPIRITUAL BLESSING?

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IN YOUR CHRISTIAN WALK, WHAT IS CURRENTLY YOUR AREA OF STRUGGLE OR BATTLE AGAINST THE ENEMY, OR YOUR "GROWTH EDGE" THAT NEEDS THE MOST WORK OR DISCIPLINE RIGHT NOW?

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GIVE THE NAME (AND AFFILIATION IF THERE IS ONE) OF THE CHURCH IN WHICH YOU ARE CURRENTLY ACTIVE?

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HOW LONG HAVE YOU ATTENDED THIS CHURCH? \_\_\_\_\_

ARE YOU A MEMBER? \_\_\_\_\_ IF SO, HOW LONG? \_\_\_\_\_

PASTOR'S NAME, ADDRESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

## SPOUSE'S SPIRITUAL HISTORY

WHAT WAS THE APPROXIMATE DATE OF YOUR CONVERSION? \_\_\_\_\_

GIVE A BRIEF TESTIMONY OF YOUR CONVERSION. \_\_\_\_\_

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DESCRIBE BRIEFLY THE PRINCIPAL PERSONS OR INFLUENCES THAT HAVE DISCIPLED YOU TO THE PRESENT STATE IN YOUR SPIRITUAL MATURING.

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GIVE THE NAME (AND AFFILIATION IF THERE IS ONE) OF THE CHURCH IN WHICH YOU ARE CURRENTLY ACTIVE?

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HOW LONG HAVE YOU ATTENDED THIS CHURCH? \_\_\_\_\_

ARE YOU A MEMBER? \_\_\_\_\_ IF SO, HOW LONG? \_\_\_\_\_

PASTOR'S NAME, ADDRESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

### PRESENT OR PLANNED MISSIONARY SERVICE

PEOPLE(S) TO BE REACHED \_\_\_\_\_

HAVE YOU HAD PREVIOUS EXPERIENCE WITH THE PEOPLE YOU ARE TO REACH? \_\_\_\_\_

TYPE OF MINISTRY: \_\_\_\_\_

LOCATION \_\_\_\_\_

LENGTH OF TERM \_\_\_\_\_ FROM \_\_\_\_\_ To \_\_\_\_\_

MISSION AGENCY \_\_\_\_\_

ADDRESS \_\_\_\_\_

CONTACT PERSON FOR THAT AGENCY \_\_\_\_\_





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ARE YOU NOW ENGAGED IN SERVICE WITH THIS AGENCY? IF YES, PLEASE EXPLAIN. \_\_\_\_\_

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IF ALREADY SERVING IN THIS MINISTRY DESCRIBE MAJOR ACCOMPLISHMENTS. \_\_\_\_\_

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IF NO, HAVE YOU BEEN ACCEPTED? \_\_\_\_\_

HOW WERE YOU LED TO THIS MISSION? \_\_\_\_\_

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LOCATION OF NEXT FURLOUGH \_\_\_\_\_ DATE \_\_\_\_\_

WHAT DO YOU CONSIDER THE GREATEST CHALLENGE FACING YOUR MINISTRY? \_\_\_\_\_

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WILL LOCAL LEADERSHIP BE DEVELOPED TO TAKE OVER THIS MINISTRY? \_\_\_\_\_

PLEASE EXPLAIN THE RATIONALE FOR THIS APPROACH \_\_\_\_\_

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IF YES, WILL THIS MINISTRY BE SELF-SUPPORTING AT THAT TIME? \_\_\_\_\_



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WHAT CRITERIA WILL DEFINE COMPLETION OF YOUR INVOLVEMENT IN THIS WORK? \_\_\_\_\_

\_\_\_\_\_

ANTICIPATED TIMEFRAME FOR COMPLETION \_\_\_\_\_

HOW HAVE YOU TRAINED AND BEEN EQUIPPED FOR THIS SERVICE? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PLEASE PROVIDE PERTINENT DATA ON CURRENT GOSPEL PENETRATION OF THIS GROUP

\_\_\_\_\_

\_\_\_\_\_

WHAT ARE YOUR SHORT AND LONG TERM GOALS? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### DOCTRINE

DO YOU BELIEVE THAT THE BIBLE TO BE THE INSPIRED INERRANT WORD OF GOD? \_\_\_\_\_

DO YOU AGREE WITH THE EAST GLENVILLE COMMUNITY CHURCH STATEMENT OF FAITH? \_\_\_\_\_

IF NO, PLEASE EXPLAIN POINTS OF DISAGREEMENT IN FULL. \_\_\_\_\_

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\_\_\_\_\_



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### EGCC'S EXPECTATIONS

PLEASE INITIAL BELOW TO SHOW AGREEMENT TO EGCC EXPECTATIONS

\_\_\_\_\_ I HAVE READ CAREFULLY EGCC'S MISSION POLICY AND AGREE TO ITS PROVISIONS

\_\_\_\_\_ I/WE UNDERSTAND THAT ABSENCE OF COMMUNICATION FOR SIX MONTHS

\_\_\_\_\_ I/WE UNDERSTAND THAT I/WE MUST REAPPLY AT THE END OF MY CURRENT TERM TO CONTINUE FUNDING.

\_\_\_\_\_ I/WE UNDERSTAND THAT FUNDING WILL END UPON RESIGNATION OR RETIREMENT

\_\_\_\_\_ I/WE UNDERSTAND THAT ARE TO REFRAIN FROM BLANKET SOLICITATION OF CHURCH MEMBERS

\_\_\_\_\_ I/WE UNDERSTAND THAT MUST NOTIFY THE EGCC MISSIONS BOARD IF CHANGE IN STATUS, SPONSORING AGENCY, FIELD OF SERVICE, OR CHANGE OF CONTRACT AND THAT REAPPLICATION FOR SUPPORT MAY BE REQUIRED.

\_\_\_\_\_ I/WE UNDERSTAND THAT SUPPORT IS REVIEWED ANNUALLY AND THAT I/WE MUST PROVIDE INFORMATION REQUESTED.

\_\_\_\_\_ I/WE UNDERSTAND THAT I/WE MUST COMMUNICATE WITH THE MISSIONS BOARD AT LEAST ONCE EACH QUARTER

\_\_\_\_\_ I/WE UNDERSTAND AGREE TO PROVIDE REPORT TO CONGREGATION WHILE ON FURLOUGH VIA A VISIT WHERE POSSIBLE

\_\_\_\_\_ I/WE UNDERSTAND AGREE TO MEET PERIODICALLY WITH MISSIONS BOARD TO REPORT MINISTRY, GOALS AND ISSUES

PLEASE PROVIDE ANY QUESTIONS OR CONCERNS? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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### PERSONAL REFERENCES

#### *REFERENCE # 1*

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_

#### *REFERENCE # 2*

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_

#### *REFERENCE # 3*

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_