

---

## Short-Term Support Application

To enable the King Road MB Missions Committee to wisely utilize the resources that have been provided, and discern along with applicants where they are being challenged to follow Jesus. We ask that you complete this application as thoroughly and faithfully as possible.

This application is for those:

1. who are interested in discerning whether God is calling them on a short-term missions experience
2. Participating in a missions based program lasting between three weeks and just under two years.
3. OR who are part of a distinct discipleship training program or school.
4. OR who are involved with a fixed term of leadership at such an organization.

The mission's committee reserves the right to designate applications outside of these guidelines as short term on the basis of a committee meeting and confirmation.

### Personal Information

*(Please print legibly)*

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Prov: \_\_\_\_\_ PC: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Birth Date (dd/mm/yyyy): \_\_\_\_\_ Sex: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ Children: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_

Occupation/Area of Study: \_\_\_\_\_

Languages (Other than English): \_\_\_\_\_

Emergency Contact (Name, Relationship, Phone): \_\_\_\_\_

---

## King Road Involvement

1. How long have you been attending King Road? \_\_\_\_\_

2. Are you a member of King Road MB? Yes  No

3. If not a member, where is your membership? \_\_\_\_\_

4. Have you served in a ministry at King Road? Yes  No  How long? \_\_\_\_\_

Which ministries? \_\_\_\_\_

5. What ministries/organizations outside of King Road are you involved in, if any?

---

---

## Intended Ministry

1. Dates of Ministry: \_\_\_\_\_ to \_\_\_\_\_

2. Geographical Location (city/town, province/state, country): \_\_\_\_\_

3. Ethnic/Religious Target Population: \_\_\_\_\_

4: Sending Organization: \_\_\_\_\_

Contact Info: \_\_\_\_\_

Address: \_\_\_\_\_

Website: \_\_\_\_\_

5. Briefly explain why you chose this organization:

---

---

---

6. Briefly describe how you envision this experience helping you apply King Road's Mission Statement (Following Jesus, Loving each other, Reaching our world) to your service within King Road or the local church after you return. What are some of your goals for involvement with the church post-trip?

---

---

---

---

---

7. What are the stipulations from your sending organization with regard to church involvement/commitment?

---

---

---

8. List two references (pastor, teacher, colleague, friend - NO family members) who could give us a character reference for you. Please also include their contact information:

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## Financial Support Request

What is your outgoing (one-time) need: \$ \_\_\_\_\_

Total amount raised to date: \$ \_\_\_\_\_

If this application is successful, how should funds be designated and where should they be sent? (Please include full address)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please note that all members/attendees of King Road MB Church are encouraged to apply for short-term missions support. Approval is not automatic, and is subject to a review by the missions committee and to the availability of sufficient funds. Please contact the missions committee chair with any questions. You will be contacted regarding this application.

### For Office Use Only

Amount approved by missions committee: \_\_\_\_\_

Signature of missions committee chair: \_\_\_\_\_

Date signed: \_\_\_\_\_