

Gateway Baptist Church

APPLICATION FOR PERSONAL MISSIONS ASSISTANCE

General Information

Name: _____ Birthday: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ (home) _____ (cell) Email: _____

Are you married? Yes No Spouse's Name: _____

Are you a member of Gateway? Yes No If so, how many years? _____

If under the age of 18, please list parent(s) or guardian(s) name: _____

Mission Trip Information

Destination of Mission Trip: _____

Dates of Trip: _____ Expected Total Cost: \$ _____

What type of work will you do there? _____

What group of people will the mission trip reach? _____

Requested amount from Gateway? \$ _____

Make check payable to: _____

Can you raise funds from other sources for this trip? Yes No

If yes, please list the source and amount of funds. _____

Is this a Southern Baptist sponsored trip? Yes No

If yes, please list the sponsoring agency: _____

Mission Work Experience

Have you ever been on a mission trip before? Yes No

If yes, please describe the trip, work done, and people group reached: _____

Spiritual Background

Briefly tell about your salvation experience: _____

What is your involvement in the ministries of Gateway at this time? _____

Your signature: _____ Date: _____

FOR MISSION MINISTRY TEAM USE ONLY

Ministry Team Approval: Yes No Date: _____ Chairperson's Signature: _____

Date of Applicant's Personal Deposit: _____ Financial Secretary's Signature: _____