

Short Term Missions Application (October 2018)

Applicant's Name: ____

Date of Submission:

INSTRUCTIONS

All applicants must complete Sections A-H.

All applicants under 18 years of age must also have their parent or guardian complete Section I.

The MET supports involvement in missions and encourages participants to distribute prayer letters to friends within The MET to raise support **with prior approval from The MET Missions Committee.** General solicitation of funds from the MET congregation is **not permitted**. The amount of funds received from such solicitation must be disclosed, and any amount collected which is in excess of the financial support need of the individual will be retained by The MET Missions Program and applied to similar projects.

The MET will consider providing personal financial support to help meet funding shortfalls. Financial support for short term missions trips is generally made available to full-time students and may also be provided to employed adults where financial need is established, provided the individual is an attendee of the Metropolitan Bible Church.

Please submit the application and attached documents by emailing missions@metbiblechurch.ca or mailing/delivering in a sealed envelope to 2176 Prince of Wales Drive, Ottawa, Ontario, K2E0A1, attention Missions.

If you have any questions, contact missions@metbiblechurch.ca.

The deadline for applications is 3 months prior to departure or as specified by the Trip Leader.

Full Name:					
	Last	First			
Address:					
	Street Address				Apartment/Unit #
	City			Province	Postal Code
	Chy			11011100	
Phone:		Em	ail:		
Date of Birth	h				
(DD/MM/YY		Gender:	MALE 🗌	FEMALE	
Marital Stati	us: SINGLE 🗌 MARRI				
Dependents	S: YES 🗌 NO 🗌	Number of Dependents:			
		_	_		
Languages	Spoken Fluently:	ENGLISH 🗌	FRENCH 🗌	SPANISH 🗌	OTHER(S)
0 0					
		SECTION B: MISSIC	ONS OPPOR	TUNITY	
Short Terr (usually 1-2 v		erm Non-MET Trip 1 month)			
For medium	n or long term opportuni	ties, please complete the	MET Missions	s Long Term Appli	cation Form.
Trip/Destina					
	ation:	Trip Lead	ers (if applicab	le):	
	ation:	Trip Lead	ers (if applicab	le):	
Departure D			ers (if applicab Return Da		
Departure D					
Departure D Agency Nar	Date:		Return Da	ate:	
·	Date:		Return Da	ate:	
Agency Nar	Date:	Age	Return Da	ate:	
Agency Nar	Date:		Return Da	ate:	
Agency Nar	Date:	Age	Return Da ency Contact In doing with this	ate: nfo: missions agency?	
Agency Nar	Date:	Age	Return Da ency Contact In doing with this	ate: nfo: missions agency?	
Agency Nar Describe yo	Date:	Age	Return Da ency Contact In doing with this	ate:	

Please provide the name of a Pastor or individual that has encouraged you along this journey.

SECTION C: SPIRITUAL LIFE

MINISTRY INVOLVEMENT:

Area of Ministry/ Service	Date	Church	Briefly Describe Involvement

PERSONAL TESTIMONY:

(Please include additional pages if needed.)

Please describe your home and religious background with a summary of when and how you became a Christian.

Have you repented of sin and accepted Jesus as your personal Saviour?	YES	NO □
Have you publically declared your faith and have been baptized?	YES	NO

MET Member

MET Attendee

Have you publically declared your faith and have been baptized?

Are you a...

PERSONAL ATTRIBUTES:

Describe your abilities, strengths, natural talents and spiritual gifts.

Describe your experience in personal evangelism.

Describe your present level of devotional life and Bible study.

Describe what the Lord is currently working on in your life.

Check all that apply: FULL TIME

STUDENT (FT)

PART TIME 🗌

STUDENT (PT)

RETIRED 🗌

SECTION E: EDUCATION BACKGROUND

	Institution	Completion Date	Degree Type	Area of Study
High School				
College				
University				
Other				

SECTION F: FINANCIAL REQUIREMENTS

Sources of financial support pledged or received from others should be disclosed at time of application, or upon request.

Total Cost of Trip:

Personal Contributions:

Funds Raised to Date:

SECTION G: REFERENCES

Please list three references.

Email:				Phone	:
Full Name:				Relationship):
Email:				Phone	2:
Full Name:				Relationship):
Email:				Phone	2:
		SECTION H	: ATTESTATION OF PAP	RTICIPANT	
l affirm tha	at my ans	wers are true and compl	lete to the best of my knowle	dge.	
Signature:				Date:	
		SECTIO	N I: UNDER 18 REQUIRE	EMENT	
The parent	t/guardiar	n of any applicant under	the age of 18 must complete	e all areas in this s	ection.
I am the			GUARDIAN		
Full Name	of Parent/	Guardian:			
Address:		Last		First	
	Street Ac	ldress			Apartment/Unit #
Phone:	City		Email	Province	Postal Code
l give perm	ission for				
to participate in		Name of Applicant			
		MET Approved Short Term I	Missions Trip		
l attest tha	t that abo	ove information is accura	ate and true.		
Signature:				Date:	

Relationship:

Full Name: