



Long-Term Missions Application

Personal Information

Full Name _____

Current Address _____

Home Phone _____

Work/Cell Phone _____

Email _____

Best way/time to reach you _____

Birthdate _____

Married Single

Do you have a passport? Yes No

Passport expires on: ___/___/_____

Missions Agency Information *(please complete if not Four Oaks)*

Name _____

Address _____

Contact Person _____ Phone _____

Website _____

Describe Agency's Mission _____

Is this agency a member of any of the following? *(please indicate which ones)*

- Evangelical Fellowship of Missions Agencies (EFMA)
- Interdenominational Foreign Missions Association (IFMA)
- Evangelical Council for Financial Accountability (ECFA)
- Other means for financial auditing/accountability (please describe) _____

Your Intended Mission Project

Dates for your mission project: From _____ To _____

Geographic Location of the Project _____

People Group Summary (Name, Population est., and Short Description) _____

Type of Ministry (check the primary one(s) in which you will be involved)

Evangelism and Church Planting (describe) _____

Equipping the National Church for Evangelism/Church Planting (describe) _____

Support Ministry [administration, teaching, medicine, construction, etc.] (describe) _____

Other (specify) _____

Briefly describe your vision and goals for this mission project _____

Financial Information *(please check which one)*

- I have the finances needed for this mission project.
- I desire funding support. To date I have raised \$_____ in one time funds and \$_____ in monthly support.

By _____, I need an additional \$_____ in one time funds and \$_____ in monthly support.

Four Oaks Involvement

How long have you regularly attended Four Oaks? _____ Been a member? _____

List the primary ministries/small groups in which you have been involved and your responsibilities (begin with the present and move back chronologically).

Ministry/Small Group _____ From _____ To _____

Responsibilities _____

Ministry/Small Group _____ From _____ To _____

Responsibilities _____

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Responsibilities _____

Ministry/Small Group _____ From _____ To _____

Responsibilities _____

If you do not attend Four Oaks, please specify which church you regularly attend and for how long and complete the above ministry/small group information related to that church.

Your Christian Experience

On a separate sheet of paper, please answer these questions. Attach your answers to this application.

1. Share with us an account of your conversion and on-going relationship with Jesus.
2. Discuss a Christian book you have read in the past year and how it has affected your walk with God.
3. Explain how Four Oaks can support you in this mission project (i.e., finances, prayer, mentoring, accountability, etc.).

References

Who is the Four Oaks pastor/elder who knows you best? _____

If you attend a Four Oaks small group, who is your leader? _____

If you do not attend a Four Oaks small group, please give us the name of someone who can serve as a spiritual reference?

Name _____ Relationship to you _____

Phone _____ Email _____

Administrative Information

It is the policy of the Four Oaks Global Outreach Ministry Team to require a written summary from short-termers (less than 5 months) upon their return.

It also is the policy of the Four Oaks Global Outreach Ministry Team that each mission's applicant read and be in agreement with Four Oaks Community Church's statement of beliefs.

Your signature indicates your willingness to comply:

(Signature of Applicant) (Date)

If you are under 18 years of age, you also must have a parent/guardian sign.

(Signature of Legal Guardian) (Date)