

# SHORT TERM MISSIONS APPLICATION

## COMMUNITY EVANGELICAL PRESBYTERIAN CHURCH

### Personal Information

Name:

Birth Date:

Address:

City

State:

Zip Code:

Telephone:

Email:

### Missions Trip Information

Trip for which you are applying:

Date of trip:

Total cost of trip:

### Questions

- 1) Why are you interested in being a participant on this mission trip? How do you hope to participate with the declared purpose of the mission?
  
  
  
  
  
  
  
  
  
  
- 2) Have you participated on any prior missions trips, if so to what location?

3) Are you a member of Community EPC and with what Community EPC ministries have you been involved?

4) Do you have any particular fears about this mission trip?

5) Please write a brief testimony of your faith.

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Print Name

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Sign Name

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Date

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