

LONG ISLAND ALLIANCE CHURCH SHORT TERM MISSIONS APPLICATION FORM

All participants are required to attend training sessions in preparation for the Mission trip. Please prayerfully consider whether you will be able to attend them. The Mission Team Leader and Pastor will interview you for consideration.

MISSIONS PROJECT _____

Dates: _____ Participation dates: _____

My Role: _____ (TBD by Team Leader)

Objectives & Expectations: _____

APPLICANT Full Name: _____ (on Passport) Date of Birth: _____
Home address: _____ City: _____
State: _____ ZIP: _____
Home Phone: _____ Cell Phone: _____
Email address: _____
Do you regularly attend LIAC? _____
How long have you been attending LIAC? _____

**PERSONAL
PROFILE**

SPIRITUAL MATURITY

Are you a Christian? _____
How long have you been a Christian? _____
Do you have a daily devotional time of Bible reading and prayer? _____
Rarely: ____ Sporadic: ____ Regularly: ____
How would you describe your relationship with God?
Distant: ____ Growing: ____ Mature: ____ Not Sure: ____

GIFT & ABILITIES (PLEASE CHECK ALL THAT APPLIES)

Music: ____ Worship Leader: ____ Accompanist (Instrument): ____
Drama: ____ Cooking: ____ Construction: ____ Medical Training: ____
Teaching: ____ Leadership: ____
Other Gifts/ abilities: _____
Ability to work in a team (please circle): Yes or No
Language/dialect: _____ Rudimentary: _____
Read & Write Fluently: ____ Bilingual (can translate from/to English): ____

Please use a separate sheet to answer the following if more space is required

MINISTRY EXPERIENCE & TRAINING Children ministry: ____ Role/Responsibility: _____
Sunday school: ____ Role/Responsibility: _____
Missions Trips: ____ Role/Responsibility: _____
Evangelism: ____ Role/Responsibility: _____
Discipleship: ____ Role/Responsibility: _____
Bible study: ____ Role/Responsibility: _____
Small Group: ____ Role/Responsibility: _____
Present / Past Ministry involvement not listed above: _____

**PREVIOUS
MISSION
PROJECTS**

FINANCING

Do you need financial assistance? Yes___ No___

Are you requesting financial assistance from LIAC? Yes___ No___

(Note: As a member you may be qualified for a scholarship from LIAC)

What are your plans to raise funds? _____

Proposed support letter attached? Yes___ No___

(If you intend to ask for financial support from people outside the church, you must attach your fundraising letter)

TESTIMONY: Please include a written testimony of your conversion experience (on a separate sheet)

REFERENCES: A written reference from any of the following: a pastor, a mentor, teacher or professor to be included with this application.

**PARENTAL IF YOU ARE UNDER THE AGE OF 18, YOUR PARENT / GUARDIAN
CONSENT MUST SIGN THE FOLLOWING:**

I, _____ hereby give full consent for my son / daughter, _____ to join the LIAC Missions trip / project to _____ from _____ to _____. I will support them, prayerfully, emotionally, and financially.

Parent/Guardian Signature: _____

Date: _____

**MISSION
COMMITTEE
USE ONLY**

Action: _____

Please be advised that completed applications are due on or before April 29, 2018 along with a non-refundable deposit of \$150. Check should be made payable to Long Island Alliance Church. Applications may be mailed or given to Maria Velez or Pastor Peter.

*Maria Velez – DR STM 2018
Long Island Alliance Church
377 Deer Park Rd. Dix Hills, NY 11746*