

**LONG ISLAND ALLIANCE CHURCH SHORT TERM MISSIONS APPLICATION**

*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: \_\_\_\_\_  
What church do you attend? \_\_\_\_\_  
How long have you been attending there \_\_\_\_\_

**PERSONAL  
PROFILE**

**SPIRITUAL MATURITY**

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

**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): \_\_\_

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**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: \_\_\_\_\_

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**PREVIOUS  
MISSIONS  
PROJECTS**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**FINANCING** Do you need financial assistance? Yes\_\_\_ No\_\_\_

What are your plans to raise funds? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Proposed support letter attached? Yes\_\_\_ No\_\_\_

*(If you intend to ask for financial support from your church, please attach your fundraising letter)*

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**TESTIMONY:** You must include a written testimony of your conversion experience (on a separate sheet)

**REFERENCES:** Please include a written reference with this application from any of the following: pastor, adult mentor, teacher or professor.

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**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 Short Term Missions trip  
/ project to \_\_\_\_\_ from  
\_\_\_\_\_ to \_\_\_\_\_. I will support them,  
prayerfully, emotionally, and financially.

Parent/Guardian Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

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**MISSION  
COMMITTEE  
USE ONLY**

Action: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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***Please be advised that completed applications are due on or before April 30, 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*