



MISSIONS OFFICE
COMMUNITY PRESBYTERIAN CHURCH (CPC)
222 West El Pintado Road
Danville, CA 94526
925/837-5525, Fax: (925)820-3845
Please complete and return to Bianca@cpcdanville.org

SHORT-TERM APPLICATION FOR FINANCIAL ASSISTANCE

Date: _____

Short-term Financial Assistance Policy

CPC Missions endeavors to assist those going on short-term mission trips as the need arises and money is available.

The following procedure must be followed in order to receive financial assistance.

- All applications must be completed in full including references, health insurance policy number and amount requested.
- Application must be turned in to the team leader by the set due date. For all summer trips, application must be turned in by May 1.
- If due date is not met, funds may not be available.

I understand that I may not receive financial aid if it is not handed in by the set due date.

I understand that financial assistance is not guaranteed by CPC missions and that I am responsible for raising needed funds.

Signature

Adult
 Youth

Male
 Female

Name _____ Age _____ Phone _____

Address, City, Zip _____

Email _____

Church Membership or Affiliation _____

If not a CPC member, what is your involvement with CPC? _____

Company & policy # of your Health Insurance plan. _____

Will your insurance cover you in the countries you will be traveling through and working in? _____

Passport Number: _____ Passport Exp. Date: _____

(Funding cannot be granted by CPC unless health insurance coverage is in effect. Proof of coverage is required before funds can be sent to your agency.)

(Students only)

Parents' name & address _____

School _____ Full or Part Time _____

Your address at school _____

Name & Address of Mission Agency where funds should be mailed. The organization must be a non-profit 501(c)3 ministry.

1. What is your mission project, and it's location?
2. What are the dates of this mission? From _____ to _____
3. Have you been accepted for your project?
4. Give a brief overview of this specific ministry, including exact location of mission and field address
5. What work you will do there?
6. Training and training period required?
7. Who are those expected to benefit from your work.?

8. What are your previous travels and/or mission trips?

<u>Place</u>	<u>Purpose</u>	<u>Date</u>
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9. What experience have you had with other cultures?

10. In what foreign language(s) can you communicate?

a. Please check below your level of competency.
Minimal Fair Fluent

11. How did you become interested in missions?

12. In what ways are you currently involved in missions?

13. How do you expect to benefit if you participate in a missions project?

14. What are your strengths, gifts, and/or background that you believe will contribute to this type of mission opportunity?

15. Please identify your work experience. (Please use back of this page, if necessary.)

16. How does your education and experience relate to this area of ministry?

17. Please list your extra-curricular activities.

- Secular

- Spiritual

18. Briefly share the circumstances under which you became a Christian, and how your Christian walk has developed.

EXPENSES	
Total amount owed to your mission agency	
Amount of deposit required	
Due date of deposit	
Transportation cost (if not included in #1 above)	
Specify other costs (if any)	
Date balance is due to your mission agency	
How much are you prepared to contribute?	
TOTAL COSTS	
How much assistance are you requesting from CPC?	

How do you plan to raise the remainder of the support?

Do you have a prayer support group? If you do not have such a group, the Missions staff will help you identify a small group for prayer and correspondence support during your mission experience.

After reading the following, please sign and date below.

1. If accepted, upon my return, I will write a report to the Missions Committee of Community Presbyterian Church, reflecting on my experience, and will be prepared to discuss the ways in which my experiences have influenced my outlook.
2. I realize that after I am approved, I may send fund-raising letters to members of CPC who personally know me, but I cannot make a church-wide mailing.
3. I agree to approach groups or classes in the church **only** with the specific permission of the Missions Pastor.

Signature _____ Date: _____

We are delighted and excited that God has moved you to consider taking an active role in Missions. We will be praying for you as you move through the process of planning and preparation.

FOR OFFICE USE ONLY		
Verification of Health Insurance: _____		
Approval: _____	Denied: _____	Date: _____
Amount approved: _____		

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Short-Term Mission Application
CONFIDENTIAL REFERENCE FORM

The applicant has applied for Short-Term Mission financial assistance from the Community Presbyterian Church Mission Committee.

NAME OF APPLICANT _____

REFERENCE'S NAME _____

ADDRESS _____

TELEPHONE _____

All answers on this form will be kept in confidence. Please feel free to add extra comments or leave questions unanswered that do not apply to your knowledge of the applicant. Thank you for your cooperation.

- 1) Under what circumstances have you known the applicant?

- 2) During what period of time have you known the applicant?

- 3) How have you seen this person exhibit a commitment to Jesus Christ and the Christian maturity necessary to sharing their faith, and the ability to learn in this situation as a missionary being sent from Community Presbyterian Church?

- 4) In what way do you see the organization to which he/she has applied as being congruent with his/her goals and gifts?

Page 2 - CONFIDENTIAL REFERENCE FORM (Continued)

5) What are his/her strengths and weaknesses as you see them?

6) Have you seen any evidence of the Applicant's concern for people of different ages, races, or cultures? If so, please explain briefly.

7) Do you recommend this applicant for short-term mission experience?

_____ yes, without reservation

_____ yes, but with some reservations (Please explain below)

_____ no (please explain or call the Missions Pastor with your concern)