

Harvest OPC Short Term Missions Application Form

General Information

Today's Date: _____

Your Name: _____

Your Address: _____

Your Contact Information: Phone _____ Email _____

Church: _____

Membership Status (circle one): Member Regular Attendee Visitor

Are you currently employed (circle one): Yes No

Marital Status (circle one): Single Engaged Married Divorced Widowed

Short Term Mission Trip General Information

Brief Description of the Trip (please include destination, and type of mission work being done)

Dates of the trip: _____

Name of Organization that will have oversight in the field: _____

Contact Information for the Organization:

Name of contact person _____

Phone _____ Email _____

Website _____

Name and contact for person on the ground or in the mission field if different from above:

Name: _____ Phone _____

Email _____

Short Term Mission Trip Cost Information

Please do your best to estimate the cost of the entire short term mission trip using the information below.

Estimated costs of the trip:

Passport Fee

Shots/Medical Care before departure

Flight Cost

Extra luggage or transport of other goods

Lodging

Ground Transportation in the field

Trip/Evacuation Insurance

Other supplies needed in the field that you will be buying and taking with you

Any other expenses (please describe)

Total Cost (should be equal to the sum of all costs listed above)

Any other funds you have raised for this short term mission trip

Amount you are willing to cover from personal funds separate from those raised

Amount being requested from short term missions funds (total cost minus other and personal funds)

If approved for funding to whom should we make the check out to and where should it be sent

What is your contingency plan should you run out of money in the field

Emergency Contact Information

Contact Person (someone who can be contacted and will know how to reach you at all times in the mission field).

Name

Phone (day and evening)

Address

Email

Next of kin (only in case of emergency):

Name

Phone (day and evening)

Address

Email

Deacon's Use Only

Short Term Mission Trip Approved By (circle all that apply):

Short Term Mission Committee

Deacons

Session

Date of interview of applicant:

Names of Deacons present at interview

Total amount requested:

Amount Approved from Short Term Missions Fund:

Other things to consider:

Approval for fundraising using (circle all that are approved)

Letters or requests for funds in mailboxes

Church Email Blasts

Bulletin Announcements

