

Trinity Church – Short-term Mission Application (INDIVIDUAL)

Name: \_\_\_\_\_ Gender: M F Age: \_\_\_\_\_

Mail address: \_\_\_\_\_ Town/St: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Permanent address (if different): \_\_\_\_\_

Mission agency or overseeing organization: \_\_\_\_\_

Mission location/destination: \_\_\_\_\_

Dates of mission service: From \_\_\_\_\_ To \_\_\_\_\_

Please describe your relationship to Trinity (member, attending, through friend, through relative etc.).

Why do you want to go on this mission?

Please describe the purpose of the mission, and the people to be served.

Please describe the specific activities you expect to do on the mission, including training before departure and during the mission.

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Your allocated cost for this mission	\$
Amount you will personally contribute	\$
Amount you expect in gifts from others, including family	\$
Amount (from you and others) raised as of _____ (date)	\$

What other information would you like us to know? (Attach sheets if more space required.)

[such as your participation in Trinity or your church, aspects of your spiritual journey, previous short-term missions experience or cross-cultural experience, your strengths that apply to this short-term mission, challenges you expect to encounter on this short-term mission, how you expect this experience to benefit you, how you expect this experience to benefit Trinity and/or your church]

As much as it is within my power, I will conduct myself on this mission consistent with the gospel and the example of Christ Jesus.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/guardian (for under 18): \_\_\_\_\_ Date: \_\_\_\_\_

*If 18 or younger, please attach a letter of recommendation from a parent, guardian, pastor or elder. For those older than 18, a letter of recommendation from a non-relative is encouraged but not required.*

*Please return your completed application at least one month before your departure to:  
Trinity Church, 14 Wattaquaddock Hill Road, Bolton, MA 01740; Attn: Missions Committee*