

EVANGELICAL COVENANT CHURCH SHORT-TERM MISSIONS APPLICATION

Please return to:

Chair, Mission Committee, Evangelical Covenant Church, 3600 S. 9th St., Lafayette, IN 47909

Your Name _____

Local Address _____

Local Phone Number _____

1. References (include at least two adults from ECC)
 - a. Name _____
Phone Number _____
 - b. Name _____
Phone Number _____
 - c. Name _____
Phone Number _____
2. How long have you been a Christian? _____
3. How long have you attended ECC? _____
4. Are you a member of ECC? Yes _____ No _____
If you are a member, when did you join? _____
5. What areas of service have you been involved in at ECC? _____

6. Name, address, and phone number of organization you will be affiliated with _____

7. Contact person of organization _____
8. Location of service _____
9. How long is this project? _____
10. Beginning and ending dates of this project _____
11. Total dollar amount needed to participate in this project _____
12. As of today, how much money have you raised for this project? _____
13. Please describe the focus of your ministry and possible areas of responsibility during this mission project. You may use the reverse side of this form or another sheet of paper.