

Epsom Bible Church
Missions Application

Name: _____ Date: _____

Address: _____ City: _____

State: _____ Zip: _____

DOB: _____ Name of Parent/guardian (if a minor): _____

Home telephone: _____ Office telephone: _____

I have read and agree with EBC's constitution and doctrinal statement:

Home Church: _____

Address: _____ Tel: _____

Pastor's Name: _____

Address: _____ Tel: _____

Name of Missions Agency: _____

Address: _____ Tel: _____

Name of Contact Person: _____ Tel: _____

Is this trip an academic requirement or prerequisite need: _____ (If yes, give details)
(short-term missions only)

1. Provide details of the mission ministry (describe the ministry purpose, location or destination of trip, the dates of the trip, group dynamics, funding needs etc.):

2. Describe why you believe God is calling you to this ministry:

If my ministry should ever change in any significant way or should my doctrinal beliefs change from those of EBC, I recognize my obligation to notify the leadership of EBC _____ (initial).

This form should be completed and submitted to the Deacon of Missions
(please use additional pages and space as needed)