

Missions Support Application

Please submit 3-6 months before the planned trip.



HILLSIDE
COMMUNITY
CHURCH

Personal Information

Name: _____ Date of application: _____
Street: _____ City: _____ State: _____ Zip: _____
Phone: _____ Email: _____

Background Information

Name and location of your home church: _____
Are you a member there? Yes No Name and phone/email for reference there (pastor, youth leader, etc.):

How often do you attend Hillside? _____
Do you volunteer at Hillside? _____ If so, what area and how often? _____
How many mission trips have you been on in the past? _____
If you are a student, what is your major? _____ Minor? _____
What year are you? _____ Are you employed? _____

Missions Trip Information

What group is organizing this trip? _____ Destination: _____
Name and phone/email for contact person: _____
Type of outreach (medical, construction, etc.): _____
Departure date: _____ Return date: _____ Approx. cost: _____
How much have you funded already? _____ By what additional means do you
intend to raise/earn funds? _____
What do you hope this trip will accomplish for you personally? _____

What do you hope this trip will accomplish for others? _____

Have you had a background check through either Hillside or the organization responsible for the trip? _____
A member of the missions team will review your application and contact you to set up an interview.
What is your general availability? Weekdays Weekends Evenings Other: _____
Applicant's Signature: _____

By signing I agree...

... that everything above is true & accurately reflects my character and intentions.

... I have read and affirm the statement of faith for the CMA and Hillside (found at <http://www.hccvermillion.com/who-we-are.html>).

... to give a follow-up report to the missions team and possibly the congregation after returning from this trip.