

EAST WHITE OAK BIBLE CHURCH
SHORT TERM APPLICATION
(Up to 12 months)



Please print or type

Today's Date: _____

Personal Information

Name(s) _____

Address: _____

Home Phone: _____ Mobile Phone: _____ Work Phone: _____

E-mail Address: _____ Marital Status: _____ Spouse's Name: _____

Date of Birth(s): _____

Children (Names and Dates of Birth): _____

Passport Place/Date of issue: _____ Expiration Date: _____ (Please leave a copy of passport page in EWO Office when on short term trip)

Agency Information

Name (complete name): _____

Contact Person: _____ Phone # _____ Website: _____

Address: _____

Describe agency's overall mission: _____

Is this agency a member of any of the following? (indicate which ones)

Evangelical Fellowship of Mission Agencies (EFMA)

Cross Global Link

Evangelical Council for Financial Accountability (ECFA)

Is this agency's doctrinal statement in accord with EWO's belief statement? Yes No If not, please explain:

Your Intended Ministry

Dates for your ministry: _____

Geographic location (country, province, city or town): _____

People group (name, approximate population, short description of people group): _____

Type of ministry (check the one with which you primarily will be involved):

Evangelism and church planting

Equipping the national church for evangelism-church planting

Support ministry (administration, teaching, medicine, construction, etc.)

Other _____

Describe your vision and goals for this ministry experience: _____

Financial Information

Total amount needed: \$ _____ Amount raised to date: \$ _____

Itemization: Travel \$ _____
 Living Expenses \$ _____
 Other (specify) \$ _____

Name, address, and account number where support is to be sent: _____

Your Background

Are you a member of East White Oak Bible Church? ___Yes ___No. If yes, how long? _____

If not, are you a regular attendee in the church? ___Yes ___No. How long? _____

Are you presently serving in the church? ___Yes ___No If yes, what group or activity are you involved with?

If not in relationship to EWO, what is your church affiliation? _____

Are you a member of this church? ___Yes ___No, and for how long? _____

Who is your ministry leader(s)? _____

Have you read and can you agree to EWO's Belief Statement? ___Yes ___No (see <http://www.ewo.org> – About Us)

Have you read and can you agree to EWO's Church Vision Statement? ___Yes ___No (<http://www.ewo.org> – About us)

Give the names, addresses, and phone numbers of three individuals who know you best and could serve as references for you (one reference must be a pastor).

List church ministries in which you have been involved, both past and present, (include length of involvement for each ministry).

List the schools you have attended (vocation, college, graduate, seminary, etc.) indicating the dates you attended each, major course of study, diploma, or degree received.

Beginning with the most recent and going back chronologically, **list work experiences and ministry experiences you have had** and indicate the length of each.

Explain how these experiences relate to the ministry you intend to do.

Your Christian Experience

Share with us an account of your conversion and on-going relationship with Jesus (use a separate sheet to complete your account as needed).

Medical and Emergency Information

Do you have health insurance that would cover you in the location to which you will be traveling? ___Yes ___No

Company _____ Policy _____

Describe any physical condition or health issue that could be affected by physical stresses or a lack of emergency services, or could limit your activities. _____

List any allergies: _____

Prescription drugs you are taking: _____

Blood type: _____

Emergency Contact:

Name _____ Relationship _____

Street Address _____

City _____ State _____ Zip Code _____

Cell Phone # _____ E-mail address _____

Release Form for Short Term Applicants

If accepted for this ministry assignment, I will participate voluntarily and of my own free will. I will not hold East White Oak Bible Church responsible for any accident, personal injury, illness, or other personal loss that might result from this trip. I will submit to those God places over me as leaders and seek to maintain a cooperative spirit in all activities. I accept any requirement the EWO Mission Team may request of me in relation to this ministry assignment. If I am receiving disability benefits, I will provide a letter from a physician stating activities in which I can participate.

Signature(s)

Date

Return completed application to:

Mission Team

East White Oak Bible Church

11922 E. 2000 North Rd, Carlock, IL 61725

309-454-3833