



**HOFFMANTOWN
MISSION MINISTRY**

2024 SHORT-TERM MISSIONS APPLICATION

(Applicant)

Name: Date of Birth:

Phone: Home: Work: Cell:

E-mail Address:

Mission Trip: Trip Dates:

Mission Organization:

Mission Trip Leader:

Connection with organization:

Mission Organization Address (or address funds can be sent to in the event council approves support):

Are you a member of Hoffmantown? (Have you taken the Next Steps Class)

SUPPORT INFORMATION

What is your fundraising goal?

Please list how the support would be used for your trip:

Are you getting support from others? Yes No If no, please explain:

What is the deadline for support?

MISSION TRIP INFORMATION

Please provide a mission statement, and or goal for your trip. Also list what work you and your team will be participating in.

Have you traveled with this organization before? Yes No

Has this ministry been vetted by the Mission Council? Yes No

(a list of regularly vetted ministries can be found at hoffmantownchurch.org/missions)

If no, please provide a website for this ministry below.

CHRISTIAN SERVICE

In what area(s) of ministry are you participating in on this mission trip?

- | | | | |
|--|---|--|----------------------|
| <input type="checkbox"/> Evangelism | <input type="checkbox"/> Preaching | <input type="checkbox"/> Teaching | <input type="text"/> |
| <input type="checkbox"/> Singing (solo) | <input type="checkbox"/> Sound Board | <input type="checkbox"/> Play Instrument | |
| <input type="checkbox"/> Drama/Puppets, etc. | <input type="checkbox"/> Media | | |
| <input type="checkbox"/> Light Construction | <input type="checkbox"/> Distribution of Food/Clothing etc. | | |

Any last details on your trip you would like the council to know about?

