

# Mission Application

## Application Instructions:

1. Please type or print clearly.
2. Do not abbreviate
3. Carefully complete each section.
4. Return to Cleary Baptist.

Please Return To:

Cleary Baptist  
1580 Florence Byram Road  
Florence, MS 39073  
601-845-2020

Mission Applying for: Place: \_\_\_\_\_ Date: \_\_\_\_\_

## Personal Information

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Sex: M F Marital Status: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Passport # \_\_\_\_\_ Expiration Date \_\_\_\_\_ Other Language  
Spoken \_\_\_\_\_

## Emergency Contact

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

## Personal Reflection

Please answer the following on an attached piece of paper:

1. Describe briefly how you came to know Jesus Christ as Savior and Lord. Tell any other significant times of growth in your walk with Him. How is the Lord working in your life right now?
2. Briefly describe what a mission is to you and your reason for wanting to be a part of this strategic mission.
3. Give a brief evaluation of prior missions experience including spiritual growth, relationships, job assignments date and organization.
4. What cultural experiences have you had, and how has your gifting been impacted from that encounter.

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## References

Church Leader: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Coworker: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Friend: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## Financial Information

What is the approximate total cost of this mission project? \_\_\_\_\_

How much of this total cost will you be able to personally contribute? \_\_\_\_\_

Have you applied for assistance from the Mississippi Baptist Convention Board? Yes No

How much assistance has been granted towards your mission project by the MBCB?  
\_\_\_\_\_

Will you attempt to raise funds from other sources for this mission project? Yes No

How much financial support do you estimate you will be able to raise? \_\_\_\_\_

Do you believe that you will need financial assistance from Cleary Baptist Church? Yes No

## Conclusion

Thank you for your willingness to personally embrace Acts 1:8 through the ministry of Cleary Baptist Church. The information included on this missions application will be kept confidential. The information will be prayerfully reviewed by the missions committee and/or the team leader for the particular mission. Decisions concerning this application will be made based upon the number of individuals needed for the particular trip, the expertise needed, and the age and gender of those needed for the trip. Scholarships will be awarded based upon the need of individuals, the cost of the trip, and the availability of funds at the discretion of the missions committee and/or team leader.

**I have completed the above application to the best of my ability with full honesty.**

**\* Please Note: By signing this, you are agreeing to allow Cleary Baptist to run a background check. It will be held confidential, only for the use of the purposes of this application.**

Signature \_\_\_\_\_ Date \_\_\_\_\_