

**KINGWOOD BIBLE CHURCH SHORT-TERM MINISTRY FORM**  
**Return to the Missionary Care Team**

*For summer ministries, please complete this form and turn in to the Kingwood church office by May 1. Other ministries, please provide this information as soon as possible. Our MCT meets on the first Tuesday of each month to determine prayer, service, and financial needs. If you do not yet know all the information, fill out as much as you can by the deadline.*

**A) PERSONAL INFORMATION**

**Your Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**What is the best way to contact you?** \_\_\_\_\_

**Are there communication restrictions in the area where you will serve?** \_\_\_\_\_

**If so, what are the restrictions?** \_\_\_\_\_

**Are you willing to share with the church about your trip when you return?** Yes No

**KINGWOOD CONNECTIONS**

**How long have you been attending Kingwood Bible Church?** \_\_\_\_\_

**In what areas of ministry at Kingwood Bible Church have you been serving?**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

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**B) DETAILS ABOUT YOUR SHORT-TERM MINISTRY**

**Ministry Organization:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Email:** \_\_\_\_\_

What dates will you be serving? \_\_\_\_\_

Where will you be serving? \_\_\_\_\_

**C) PURPOSE**

Why is this ministry necessary? What need is it designed to meet?

Briefly describe your proposed ministry, including the specific role you will play, and how this will help meet the need as stated above.)

In what ways will the Gospel be shared with people as a result of your ministry?

Why do you desire to serve in this capacity?

What do you hope to achieve? How will you know if this ministry is successful?

**D) FINANCES and PRAYER SUPPORT**

What is the cost of this ministry as provided from the missions agency? \_\_\_\_\_

What is not covered by the above cost? \_\_\_\_\_

What do you estimate additional expenditures to cost? \_\_\_\_\_

What ways do you have to earn funds for your ministry?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

What is the deadline for your finances to be turned in? \_\_\_\_\_

Is your family supportive of your ministry trip? \_\_\_\_\_

Is your family able to contribute toward your ministry? \_\_\_\_\_

How do you plan to raise up a group of people praying for you?

How can our MCT and Kingwood be praying for you?

**E) OTHER**

Have you ever been to Mission Connexion or other mission conference?    Yes    No

If you are going on a cross-cultural trip, are you willing to attend training at Kingwood to better prepare you?    Yes    No    Not Applicable

If the MCT chooses to provide support, where should the check be sent? (if different from Ministry Organization above)

Name: \_\_\_\_\_

Organization (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

You may be asked to share your ministry in front of church before the trip and also upon returning from your trip (Sunday or special service, video, or with Missions Care Team). In circumstances where it may not be possible to share in person, we may ask that you do provide a brief written account of your mission experience.

Your signature indicates that the above is accurate and that you are willing to share about your trip.

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

Return completed application in person to the MCT mailbox in the Kingwood Bible Church Office or by mail/e-mail to:  
KBC Missions Committee  
1125 Elm St NW  
Salem, OR 97304  
E-mail: office@kingwoodbible.net