## MT. GILEAD FULL GOSPEL INTERNATIONAL MINISTRIES BISHOP DANIEL ROBERTSON, JR., PASTOR ELENA ROBERTSON, CO-PASTOR 2501 MT. GILEAD BLVD., RICHMOND, VIRGINIA 23235

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## **Mission Applications Quick Reference**

{Read and check off each item as fulfilled below. You will create your Missions Packet, as you compile in the order shown. When finished, place this document on the top of all items and place in an envelope. Place the envelope in the International Missions Ministry Box in the Helps Ministry Room.}

**When Can I Apply for Missions**? Mission Packets are being received now. The application must be submitted before December 31.

**How can I get a copy of the application**? The mission application is available for download from the website. **PLEASE TYPE IF POSSIBLE OR PRINT YOUR INFORMATION CLEARLY** 

What documents will I need to complete my application? Please place a check next to each line item.

If you desire to go on the mission field, you must secure the following items:

|          | Review Your Passport Contents   |  |  |  |  |  |  |
|----------|---|--|--|--|--|--|--|
|          | Passport Expiration (If your passport is scheduled to expire anytime during the year in which you want to travel, you |  |  |  |  |  |  |
|          | must be proactive in getting it renewed. The process to renew can be time consuming, so don't wait until the year of  |  |  |  |  |  |  |
|          | expiration is upon you.)  NO BALM  NO GREAT   |  |  |  |  |  |  |
|          | Attach color copy of main Passport page AD PHYSICIAN?  JER. 8:22  |  |  |  |  |  |  |
|          | Check for 3 or more unstamped pages should be available   |  |  |  |  |  |  |
|          | Name Changes: If you name has changed or will change from what is currently on your passport please note on           |  |  |  |  |  |  |
| applicat | tion:   |  |  |  |  |  |  |
|          | New Name as it will appear on the passport  |  |  |  |  |  |  |
|          | <ul> <li>Date in which the new passport was ordered</li> </ul>  |  |  |  |  |  |  |
| Additio  | onal Documents  |  |  |  |  |  |  |
|          | 4 Passport Pictures (Available at Walgreens or CVS)   |  |  |  |  |  |  |
|          | Copy of Birth Certificate: Minors only (under 18 years old)   |  |  |  |  |  |  |
|          |   |  |  |  |  |  |  |

**Where will I submit my completed application?** There will be a location set aside within the Helps Ministry Room to turn in your application on service days, no later than December 31 of the current year.

**When will I be notified concerning my application?** If selected to go on the mission field, you will be notified within the months of February/March of the missionary year. Keep this document for your reference.

Reminder- Completed applications must be submitted by December 31.

## MT. GILEAD FULL GOSPEL INTERNATIONAL MINISTRIES SHORT-TERM MISSIONARY APPLICATION

Please answer the following questions concerning your background and interest in being a **Mt. Gilead Full Gospel International Ministries** short-term missionary.

| Nar              | ne:   |                    |                        |                        |                |  |
|------------------|---|--------------------|------------------------|------------------------|----------------|--|
| Add              | dress:  |                    | s it appears on your p |                        |                |  |
|                  | Street  |                    | City                   | State                  | Zip            |  |
| Home Phone:      |   |                    | Work Phone:_           |                        |                |  |
| Cel              | l Phone:  |                    | Email Address          | Email Address:         |                |  |
| Age              | e:  | Sex: ☐Male         | □Female                | Birthdate:             |                |  |
| Passport Number: |   |                    | Date                   | e of Expiration:       |                |  |
| 1.               | Are you a consistent tither?                                | □Yes □No           | with                   | tha                    |                |  |
| 2.               | Are you a registered voter?                                 | ☐Yes ☐No           | ) AA TOTT              | THE WAY                |                |  |
| 3.               | Are you unmarried and sleeping                              | ng with someone o  | f the opposite sex     | ?□Yes □No              | 3              |  |
| 4.               | Do you smoke or drink?                                      | ☐Yes ☐No           |                        |                        | <i>Q</i>       |  |
| 5.               | List previous mission trip locati                           | ions and dates     |                        |                        | 0,             |  |
| 6.<br>7.         | Please list the ministries you Are there any dates that you | NO<br>IN           | BALM NO G              | REAT                   | nose dates.    |  |
| 8.               | Why do you believe you sh                                   | ould travel to the | e mission field?       |                        |                |  |
| 9.               | What do you believe you wi                                  | Il be able to con  | tribute to the mis     | sion field experience? | ,              |  |
| 10.              | List professional or any app                                | licable experien   | ce you have that       | can be used on the n   | nission field. |  |
|                  | If you have any questions, place                            | aco contact Pov. S | Shirloy Wilking at     | 'missions@thehalmingil | ood ora'       |  |

## REQUIRED

Please attach four (4) passport photos (available at Walgreens or CVS), two color copies of your passport, a copy of your birth certificate and a copy of your driver's license. Submit all documents to Rev. Shirley Wilkins at 'missions@thebalmingilead.org'. Place form in Missions Application Bin located in the Helps Ministry room by December 31.