

MT. GILEAD FULL GOSPEL INTERNATIONAL MINISTRIES  
BISHOP DANIEL ROBERTSON, JR., PASTOR  
ELENA ROBERTSON, CO-PASTOR  
2501 MT. GILEAD BLVD., RICHMOND, VIRGINIA 23235  
(P) 804-675-7600 (F) 804-675-7602

## MISSION APPLICATION QUICK REFERENCE GUIDE

Read and check off each item below as fulfilled, and this will help you compile your Mission Packet. Once completed, attach this form to the top of all other required documents, place in an envelope (*do not fold*), and place the envelope in the International Missions Ministry box located in the Helps Ministry room. **Do not email this form or the application.**

All documentation must be submitted on or before **31 December** of the missionary year.

### Review your passport contents

- ☐ Passport Expiration – If your passport is due to expire within the year you desire to travel to the mission field, your passport must be renewed.
- ☐ Name Change – If your name has changed or will change from what is currently showing on your passport, your passport must reflect the change. If the new passport has been ordered and not yet received complete the following:
  - New name as it will appear on the passport
  - Date in which the new passport was ordered

***Once the new passport is received, place two (2) color copies of the main page in the International Missions Ministry box located in the Helps Ministry room.***

- ☐ Available Pages – Ensure that there are at least three (3) or more pages available in your passport (*if not, request additional pages from the State Department*)

### Acquire Additional Documents

- ☐ 4 passport pictures (*available at Walgreens, CVS or other professional developers; no photocopies*)
- ☐ Copy of your birth certificate
- ☐ Copy of your driver's license

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## SHORT-TERM DOMESTIC AND INTERNATIONAL MISSIONARY APPLICATION

**Incomplete applications, to include missing required documentation, will not be considered.**

Name *(as it appears on your passport)*

Address *(City, State, Zip Code)*

Home Phone

Mobile Phone

Work Phone

Email Address

Age:

Sex: ☐ Male

☐ Female

Birthdate:

Passport Number:

Date of Expiration:

Are you a consistent tither?

☐ Yes

☐ No

Are you a registered voter?

☐ Yes

☐ No

Are you unmarried and sleeping with someone of the same or opposite sex?

☐ Yes

☐ No

Do you smoke?

☐ Yes

☐ No

Do you drink?

☐ Yes

☐ No

List previous mission trip locations and dates:

List ministries in which you are currently serving at Mt.  
Gilead

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List any dates that you are not able to travel to the mission field:

Why do you believe you should travel to the mission field?

What do you believe you will be able to contribute to the mission field experience?

List any professional or applicable experience you have that you feel can be used on the mission field.

For questions about this application, contact Rev. Shirley Wilkins at [missions@mtgileadfgim.org](mailto:missions@mtgileadfgim.org).

I acknowledge that all information provided is accurate and that any unanswered questions and/or requested documentation that is not attached will result in my application not being processed.

Applicant Signature \_\_\_\_\_ Applicant Printed Name \_\_\_\_\_

Date \_\_\_\_\_