

CHINESE BIBLE CHURCH OF MARYLAND
4414 MUNCASTER MILL ROAD
ROCKVILLE, MD 20853
(301) 924-4855

APPLICATION FOR MISSIONARY SUPPORT

DATE:

I. Personal information

FULL NAME (ENGLISH):

(CHINESE):

DATE OF BIRTH:

PLACE OF BIRTH:

MARITAL STATUS:

Were you ever divorced?

(Single, Married, Widowed)

SPOUSE'S NAME:(ENGLISH)

(CHINESE)

NAMES OF CHILDREN

DATE OF BIRTH

PRESENT ADDRESS:

HOME PHONE:

WORK PHONE:

FAX:

EMAIL

PERMANENT ADDRESS AND TELEPHONE (If different from above):

CHURCH MEMBERSHIP

CHURCH NAME:

CITY:

STATE:

NAME OF PASTOR:

PHONE: ()

I am not a member of a church

II. Christian experience

On a separate sheet of paper, please briefly (no more than 300 words for each) describe the following:

- a. Your conversion experience
- b. Your personal devotion time.
- c. Church ministries (evangelism, missions, children, youth, teaching, discipleship, administrative, etc.) and Christian service experience in the past or currently involved in.
- d. Your call to missionary service / full-time ministry.
- e. Usable spiritual gifts for missionary / full-time ministry and prior cross-cultural experience.
- f. Reasons for choosing the particular ministry and organization.

III. Educational information

EDUCATIONAL BACKGROUND

SCHOOL (College/Trade) YEARS ATTENDED DEGREE (Title)

EDUCATIONAL BACKGROUND OF SPOUSE

SCHOOL(College/Trade) YEARS ATTENDED DEGREE (Title)

Please list training in missions, both formal or informal, that you and your spouse have taken that enabled you to be better equipped for missionary service

EMPLOYMENT BACKGROUND: (list last employment first)

EMPLOYER POSITION HELD DATE (From/To)

EMPLOYMENT BACKGROUND OF SPOUSE

EMPLOYER POSITION HELD DATE (From/To)

IV. Missions agency information

Have you or your spouse ever been a member of another mission organization?

NO YES If yes, which one?

Have you or your spouse ever been refused admission by a mission organization?

NO YES If yes, which one and reason for refusal?

NAME OF MISSION AGENCY:

Address:

Phone number:

Fax number:

Name of contact persons:

Email of contact person:

What are your agency's key missions goals?

What specific ministry are you or will you be involved in?

Indicate focus of ministry:

Geographic location:

Target population:

Ethnocultural / ethnolinguistic people group:

Is this people group considered unreached?

Please describe pre-field and continued in-service training programs that are provided by your agency in preparation for missionary service and personal growth.

Please describe the field ministry structure (field leadership, ministry direction, team members, involvement of national believers, etc.)

What is your agency's policy on furlough?

Please describe the financial support system of your organization (e.g. pool system, individual account, missionary raising ministry expenses, etc).

Indicate length of service you are considering: _____ years.

Date of going / returning to the field:

Please provide an *itemized* description of your agency recommended *monthly* support (in USD).

Allowance:	
Salary	
Housing	
Children's education	
Employee payroll tax	
Pension / Retirement	
Conference / seminar	
Holiday	
Others:	
Benefits:	
Medical insurance	
Employer payroll tax	
Furlough / home service	
Other	
Administrative overhead:	
Other expenses (please describe):	
Monthly Total:	

(Please feel free to attach additional detail if you need more space)

What is your current monthly support level (already raised)? \$ _____ per month

V. REFERENCES:

Please provide three references who can comment on your spiritual maturity and commitment to missions.

- 1.
- 2.
- 3.

Do you have any other comments?

SIGNATURE: _____

SPOUSE'S SIGNATURE: _____

NOTE: Please return this application, a family photo, signed CBCM statement of faith, and a copy of your agency's current Doctrinal Statement to:

Chinese Bible Church of Maryland
Missions Dept
4414 Muncaster Mill Rd.
Rockville, MD 20853

Documents can also be e-mailed to missions.dept@cbcm.org or faxed to (301) 924-4864