

St. Matthew's United Methodist Church  
Attn: Chairperson Commission on Global Mission and Community Outreach  
8617 Little River Turnpike  
Annandale, VA 22003

**Application for Mission Trip and Fundraising Activities**  
**Please mail or deliver to the church office**

Date \_\_\_\_\_

Mission Trip \_\_\_\_\_ Date of trip \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number \_\_\_\_\_ E-Mail \_\_\_\_\_

1. Member of St. Matthew's UMC (*circle one*)    **YES**    **NO**

2. How do you understand the nature and mission of the Church?

3. How have you been involved in the mission of the Church? (*i.e. prior mission experience, such as Habitat for Humanity, Appalachian Service Project, Volunteers in Mission, Peace Corp, etc.*). Please indicate dates and nature of participation.

4. How have you prepared for participation in mission service (*e.g. discipleship activities such as prayer, Bible Study, Sunday school, etc.*)?

5. Why do you believe God is leading you to mission service?

## Application for Mission Trip and Fundraising Activities, continued

6. What are your prayers for this mission trip for yourself and others?
  
  
  
  
  
  
  
  
  
  
7. What skills and special talents do you offer to mission service?
  
  
  
  
  
  
  
  
  
  
8. What are your hobbies? (*Sports, crafts, etc.*)
  
  
  
  
  
  
  
  
  
  
9. Please list any planned fundraising efforts involving the church. Please include the amounts you are trying to raise, specifically what the funds will be used for, and the timing of the expected fundraising efforts. (*Fundraising efforts are subject to the approval of the Mission and Outreach Commission and the Church Council.*)

### **REFERENCES**

Please list below the names, addresses, and phone numbers of three persons who are qualified to provide further information about you.

Name	Address	Phone number