

Riverside Church of Christ
Missions Contribution Funding Request Form

Name: _____ Date: _____

Address: _____ Phone: _____

E-mail Address: _____ DOB: _____

Location of Mission Experience: _____

1. Is the mission effort in which you will participate an organized program? _____

If yes, what is the name of the program? _____

2. What will be your primary activity in this mission experience?

3. How long have you been participating at Riverside Church of Christ?

4. Please list any prior experiences you have had in mission efforts both locally & abroad.

<u>Date</u>	<u>Location</u>	<u>Primary Activity</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. Will you receive training prior to the experience or have you received training? _____

If yes, please describe: _____

6. Total cost estimate of this mission experience? _____

7. Amount requested from Riverside Church of Christ: _____

8. Will you be raising additional funds? _____

If yes, how will you be raising additional funds? _____

9. Departure date: _____ Return Date: _____

10. Who is the organizer of this mission experience? _____

11. Share why you feel called to this ministry experience: