



NEW LIFE CHRISTIAN REFORMED CHURCH  
 35270 DELAIR ROAD  
 ABBOTSFORD, BC V3G 2E2  
 P-604-852-1585 F-604-852-1554  
[www.newlifecrc.ca](http://www.newlifecrc.ca) missions@newlifecrc.ca

**MISSIONARY INFORMATION FORM**

PLEASE RETURN THIS FORM BY FAX, MAIL, EMAIL OR IN PERSON TO THE NEW LIFE MISSIONS TEAM NOT LESS THAN 30 DAYS BEFORE YOUR EXPECTED DEPARTURE DATE.

**PERSONAL INFORMATION:**

Name: Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_  
 Male  Female  
 Date of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_  
 Citizenship: \_\_\_\_\_ Do you have a valid passport: \_\_\_\_\_ Exp date: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Home phone: \_\_\_\_\_ Cell number: \_\_\_\_\_ Work phone: \_\_\_\_\_  
 Email: \_\_\_\_\_ Work email: \_\_\_\_\_  
 Destination of missions trip: \_\_\_\_\_  
 Departure date: \_\_\_\_\_ Return date: \_\_\_\_\_  
 Mission agency you are partnering with: \_\_\_\_\_

**EMPLOYMENT INFORMATION:**

Current employer: \_\_\_\_\_  Full-time  Part-time  
 Position: \_\_\_\_\_ How long: \_\_\_\_\_  
 Does your employment present any foreseeable conflicts with the trip? If yes, explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**EDUCATION INFORMATION:**

Are you currently a student?  Yes  No  Full-time  Part-time  
 If yes, where: \_\_\_\_\_  
 What year of study? \_\_\_\_\_ Field of study: \_\_\_\_\_  
 Does your schooling present any foreseeable conflicts with the trip? If yes, explain: \_\_\_\_\_  
 \_\_\_\_\_

**CHURCH INVOLVEMENT:**

Are you a member of New Life?  Yes  No If yes, how long? \_\_\_\_\_  
 What church ministry experience do you have? \_\_\_\_\_  
 \_\_\_\_\_  
 What ministry involvement do you anticipate upon return? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

***SKILLS INFORMATION:***

Please list all specialized skills that you have developed and are able to use: (examples: music, medical, drama, culinary, athletics, computers, carpentry, etc.)

<u>Skill</u>	<u>Fair</u>	<u>Good</u>	<u>Excellent</u>	<u>Professional</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Languages spoken: \_\_\_\_\_  
Level of fluency: \_\_\_\_\_

***COMMUNICATION PLANS:***

How do you plan to communicate with New Life? \_\_\_\_\_

Is secure and confidential communication required when you are in the field?  Yes  No

How can we contact you in-field? \_\_\_\_\_

Contact information of the mission agency you are going with: \_\_\_\_\_

In case of emergency, who should we contact? Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

***CHRISTIAN EXPERIENCE:*** (If you need more room, please attach a separate sheet)

Give a description of your relationship with Jesus Christ: \_\_\_\_\_

What is the purpose of the trip and what will you be doing? \_\_\_\_\_

What events have led you to go on this trip? \_\_\_\_\_

What do you hope to gain from this experience? \_\_\_\_\_

Please give a brief summary of any previous mission trips: \_\_\_\_\_

Which Bible passage in the New Life Missions Policy resonates with you the most and why?

\_\_\_\_\_  
\_\_\_\_\_

***FINANCIAL INFORMATION:***

Do you require financial assistance from New Life CRC?  Yes  No

If yes, please complete page 3 of this form.



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MISSIONARY FINANCIAL REQUEST FORM (page 3 of Information Form)

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**PERSONAL INFORMATION:**

Name: \_\_\_\_\_ Today's date: \_\_\_\_\_  
Departure date of trip: \_\_\_\_\_ Date finances are required: \_\_\_\_\_  
Destination of trip: \_\_\_\_\_  
I have filled out and attached the missionary information form:  Yes  No

**FINANCIAL INFORMATION:** (Please complete if you desire financial support from New Life CRC.)

Please provide an estimate of expenses for this missions trip:

Airfare	\$ _____
Program costs	\$ _____
Accommodation	\$ _____
Food	\$ _____
Other	\$ _____
Total	\$ _____

In addition to financial support from New Life CRC, what other sources of funding do you anticipate for the mission trip? \_\_\_\_\_  
\_\_\_\_\_

Have you previously received financial support from New Life CRC?  Yes  No  
If yes, when: \_\_\_\_\_

IF YOU ARE PLANNING TO SEND OUT A LETTER REQUESTING SUPPORT TO MEMBERS OF NEW LIFE CRC, PLEASE ATTACH OR FORWARD A COPY TO THE MISSIONS TEAM.

*The information collected on this form is collected, used and disclosed by New Life Christian Reformed Church in accordance with the Personal Information Privacy Act. The information will not be shared outside of the New Life Missions Team.*