



**TORONTO JAFFRAY CHINESE ALLIANCE CHURCH**  
**Short-term Mission Application Form**

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Date of STM: From \_\_\_\_\_ to \_\_\_\_\_  
 Destination: \_\_\_\_\_ Cost: \_\_\_\_\_  
 Name: \_\_\_\_\_ (Chinese & English) Age: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Email: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_  
 Medical Problems (including Allergies) \_\_\_\_\_  
 \_\_\_\_\_  
 Present Occupation: \_\_\_\_\_  
 Name of School or Work: \_\_\_\_\_  
 Emergency Contact Person: \_\_\_\_\_  
 Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Date of Baptism: \_\_\_\_\_ at (church) \_\_\_\_\_  
 \* TJCAC Member: Y/ N (Please circle) If No, please provide the following:  
 Home Church: \_\_\_\_\_  
 Senior Pastor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**How do you view your spiritual gifts on a 1 to 3 scale?**

<b>1= None</b>	<b>2= Fair</b>	<b>3= Good</b>			
Personal Evangelism	1	2	3	Instrument(s):	1 2 3
Preaching	1	2	3	Singing	1 2 3
Teaching / Education	1	2	3	Audio-Visual skills	1 2 3
Children's Ministry	1	2	3	Drama	1 2 3
Youth Work	1	2	3	Computer skills	1 2 3
Others:	_____				

**What are some of your ministry experiences?**

Year	Ministry

**Short-Term Mission Experiences:**

<b>Year:</b>	
<b>Organization:</b>	
<b>Location:</b>	
<b>Year:</b>	
<b>Organization:</b>	
<b>Location:</b>	
<b>Year:</b>	
<b>Organization:</b>	
<b>Location:</b>	

**Why do you wish to participate in this short-term mission trip?**

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**Do you have a desire/vision for Long Term Missionary services? Yes / No**

If YES, what are your long-term goals?

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Are you applying\* for subsidy? Yes / No                      \* only for TJCAC member

If YES, what is the amount? \_\_\_\_\_ (Maximum subsidy is 30% of the cost of the STM)

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Parent / Guardian**

\_\_\_\_\_  
**Date**

(Parent/Guardian signature is required for applicant who is under 18 years old)

**Interviewed by Elder / Mission Committee**

Date of interview: \_\_\_\_\_

Date of approval: \_\_\_\_\_

**Medical insurance is strongly recommended** during the period of the short-term mission trip. If you do not have out-of-province medical coverage (from your employer or family member's employer), we suggest that you make your own arrangements for coverage. You may also talk to your team leader for further information.

Information of Medical Insurance: \_\_\_\_\_