



MISSION PARTNER APPLICATION

PERSONAL INFORMATION

NAME: _____

PERMANENT ADDRESS: _____

COUNTY: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

MINISTRY INFORMATION

MINISTRY NAME: _____ NON-PROFIT ID: _____

MINISTRY ADDRESS: _____

COUNTY: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ WEBSITE: _____

YEAR ESTABLISHED: _____ YOUR POSITION: _____

EMAIL: _____

SECONDARY CONTACT: _____

POSITION: _____ PHONE: _____

HOW LONG HAVE YOU SERVED WITH THIS MINISTRY: _____

MINISTRY GOALS AND ACHIEVEMENTS

Please submit a copy of your:

1. Mission and/or Values Statement
2. Statement of Faith
3. Most recent Annual Financial Statement and IRS Form 990, if applicable.

BRIEFLY DESCRIBE YOUR CURRENT MINISTRY: _____

LIST ACCOMPLISHMENTS OF THE PAST YEAR: _____

LIST THREE GOALS YOU HAVE FOR YOUR MINISTRY IN THE COMING YEAR: _____

SHORT TERM MISSION TRIP OPPORTUNITIES

TYPE OF MINISTRY PROJECT: _____

LOCATION(S): _____

APPROXIMATE TRAVEL COSTS PER PERSON: _____

NUMBER OF PEOPLE THAT COULD BE USED EFFECTIVELY: _____

BEST TIME OF YEAR: _____

SUPPLIES NEEDED: _____

ARE THERE ANY POLITICAL OR GOVERNMENTAL ISSUES THAT WOULD BE OF CONCERN FOR SAFETY? GENDER OR AGE REQUIREMENTS? _____

MINISTRY FINANCIALS

Please submit a copy of your ministry budgets for the previous and upcoming year.

Provide a breakdown of how your ministry's total annual funding is allocated:

ADMINISTRATION, PAYROLL AND BENEFITS	_____ %
OTHER OVERHEAD	_____ %
DIRECT MINISTRY ACTIVITIES	_____ %
OTHER	_____ %

MINISTRY FINANCIALS CONTINUED

Please provide a partial list of references who are familiar with your ministry:

1. _____
2. _____
3. _____
4. _____

Amount of financial support you are requesting for the upcoming year: _____

Killearn UMC disburses financial support quarterly. Will this cause any issues? If yes, please explain. _____

Do you have any special, one-time expense items, not included in the above amount, for which you are raising support? Please list items and their costs. _____

MINISTRY FINANCIALS CONTINUED

Please list the members of your Board of Directors, their profession, and dates of service:

NAME	PREFESSION	DATES
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

SELF EVALUATION

Evaluate your ministry's success in reaching goals and expectations over the past year:

LOW **1** **2** **3** **4** **5** **HIGH**

Evaluate your ministry's effectiveness over the past year, in the place you serve:

LOW **1** **2** **3** **4** **5** **HIGH**

EXPLAIN YOUR EVALUATIONS: _____
