



COMMUNITY CHRISTIAN FELLOWSHIP

reaching up, reaching in, reaching out.

Dear missionary / ministry staff,

We commend you for your obedience and sacrifice to the Lord in surrendering to full-time Kingdom service. The desire and goal of CCF's leadership and missions committee is to facilitate and promote the great commission of going and making disciples for Jesus.

To be considered for monthly support from CCF the applicant must be in active relationship with our church body. Those serving with local missions organizations seeking support must be active members of CCF, serving in some capacity for at least three years.

If you have prayed about it and would like to submit your application for monthly support from CCF, please fill out this form thoroughly and return it to CCF's missions pastor or missions committee member. If you are not currently being supported by CCF, three reference forms must be submitted. If desired, you may expound on questions on additional sheets.

Missionary support applications must be submitted in June/July of each year (no earlier than June and no later than July 31st)* to be considered for monthly support the next calendar year beginning in January. Your application will be reviewed by the missions committee and recommendations will be made to the CCF elders by October for their final approval. All CCF-supported missionaries are required to re-apply by July 31st for monthly financial support the next calendar year. Failure to do so will unfortunately result in the termination of your support at the end of the calendar year.

Based on our budget, the number of applications submitted, and the number of missionaries currently being supported, CCF may not be able to support all applicants. This may not reflect on the importance or value of your work, but may just be that funding is not available at the time.

God bless you!

The CCF Missions Committee

* Make sure you have downloaded the most current application from:
<http://missions-app.ccfindale.org>

Community Christian Fellowship

Annual Missions Support Application/Questionnaire

15704 State Highway 110 North; Lindale, TX 75771

Phone: 903-882-8501 Fax: 1-866-796-8626

Office e-mail: office@ccflindale.org Website: www.ccflindale.org

Personal Information

Today's date _____

Full Legal Name (First-Middle-Last + nickname if applicable)

Date of Birth (mm/dd/yyyy)

1. Head of household _____ 2. _____
3. Spouse full name _____ 4. _____
5. Present address _____ City/State/Zip _____ Country _____
6. Permanent address _____ City/State/Zip _____ Country _____
7. Home Phone _____ 8. Work Phone(s) _____
9. Mobile (head & spouse) _____ 10. Website _____
11. E-mail addresses (head & spouse) _____
12. Places of Birth/Citizenship: Head _____ / _____ Spouse _____ / _____
13. Marital Status: Single___ Engaged___ Married___ Separated/Divorced___ Wedding date _____
14. If previously married, why did your marriage end? divorce ___ widowed ___; When ended? _____
15. Name(s) & birthdates of children (mm/dd/yyyy): _____

16. Emergency contact person: _____ Relationship _____
Phone numbers (home/cell) _____ E-mail _____

17. When born again/baptized/Spirit filled: Head _____ Spouse _____

18. Describe your conversion experience & what your current relationship with Christ is like (spouse's too):

19. Highest levels of formal education: Head _____ Spouse _____

20. Ministry training (Bible School, DTS, etc): Head _____ Spouse _____

21. Describe how you were called to missions & your specific focus, as well as the steps you've taken to fulfill that call:

Mission Organization Information

22. Your mission/sending organization _____ Website _____
Mailing Address: _____
23. Name of supervisor, leader or board chairman you answer to: _____
His/her e-mail _____ Phone _____
24. How often do you report to your supervisor/leader/board of directors? _____
25. If you have a 501C3, how often does the board meet? _____ Describe their active leadership in the ministry:

26. How long have you been a part of this organization (or when was your 501C3 established)? _____
27. Are you making a long-term or short-term commitment? _____ Length of commitment _____
28. Are you (will you be) mainly be involved in foreign or domestic service? (where?) _____
29. Describe your roles or duties as part of this organization? (spouse's roles too, if applicable)

Your Typical Daily/Weekly Schedule

30. Ministry work hours (head): _____ (am/pm) to _____ (am/pm); days of the week: _____
Ministry work hours (spouse): _____ (am/pm) to _____ (am/pm); days of the week: _____
31. Hours per day / week you normally work in the ministry (e.g. 8/40): Head: _____ Spouse: _____
32. Specific morning/afternoon/evening/night activities & responsibilities:

33. Do you have consistent, daily devotions? (explain/describe): _____
34. If married, describe your marriage's health/strength: _____
Do you and your spouse/family have consistent prayer times together (besides over meals)? _____
Is your marriage/family in the proper order as described in Col. 3:18-21 & Eph. 5:22-33? Explain: _____

35. If you've been in missions for a while, are you still wholeheartedly serving God & people or are you in a comfort zone? Explain, and describe your work ethics: _____

Financial Information

36. If applicable, how much monthly income does your missions organization require you to have? _____
37. Your monthly income (from all sources including side jobs): \$ _____ /month (_____ % of required)
38. How much monthly income do you lack to meet your budget/requirement? \$ _____ /month

39. How many churches / individuals / organizations are supporting your missions endeavor? a. Churches _____
b. Friends/Acquaintances _____ c. Family members _____ d. Organizations/businesses _____ e. Other _____

40. Are you willing/able to supplement your income with a part-time job (“tent-making”) and if so, doing what?

41. How much financial debt do you have and why? (credit cards, outstanding loans, etc.) _____
_____ Your credit rating: excellent / good / fair / poor

Church Commitment Information

42. If applicable, how long have you been an active member of CCF? _____

43. Do you (did you) attend or participate... regularly? _____ sporadically? _____ besides Sunday mornings? _____

44. Do you consider CCF to be your home church? If so, why? _____

45. In what capacities have you **served consistently** at CCF in the past or present and for **how long**? (Sunday School teacher, children’s church / nursery worker, ministry team, usher, worship team, Life Group leader/host, etc.)

46. If applicable, what other church are you a member of? _____

In what way have you (do you) serve in that church? _____

47. Does that church support you financially? Yes, \$ _____/mo. No _____ Pending _____

48. Who do you consider your spiritual leader or accountability partner? _____

His/her email _____ Phone _____

49. Do you agree with the CCF doctrinal Statement of Faith (copy provided)? _____

Health / Medical / Spiritual (if married couple, both should initial each applicable category)

50. How would you describe your present state of physical health? Excellent ___ Good ___ Fair ___ Poor ___

51. What ongoing/recurring conditions/issues have you experienced/struggled with in the past year? (head & spouse—
underline & initial): *diabetes, heart disease, hypertension, history of seizures, severe allergies, dietary restrictions, depression, bi-polar, special medication needs, drug/alcohol abuse, nicotine use/addiction, gambling, lust/pornography, TV/internet/video game addiction, eating disorder, anger issues, fear/anxiety, rejection issues, control issues, independent/non-submissive, bitterness, self-abasement, pride, critical/judgmental, religious spirit, laziness, workaholic, other/explanations:* _____

Agreement Between CCF and Prospective Missionary

I, _____ (and _____), agree to the terms communicated in this mission application packet to the best of my/our ability.

I/we agree to quickly inform the missions committee of any changes to my/our status as an active missionary, change in field of service or change in sending agency.

I/we agree to fill out the accompanying questionnaire and personal information forms completely and truthfully, acknowledging that avoidance/omission of requested information can constitute deception.

I/we agree to uphold to the best of my ability the name of Jesus Christ and His principles.

I/we agree to send a brief update & prayer needs report via email/internet to the CCF missions committee on a monthly basis for the purpose of accountability and prayer support (to be received at least three days before the committee's monthly meeting).

With my/our signature I/we agree to all that is written in this packet and that all of the information I/we have provided is true and correct to the best of my/our knowledge. I understand that failure to follow through with these commitments can lead to termination of financial support from CCF.

Signature / date _____

Signature / date _____

Reference Forms Required For First-Time Applicants Only

Along with this application, for first-time applicants only, the missions committee requires completion of three reference forms, from a pastor or spiritual leader, a friend, and a co-worker. Indicate below the names, email addresses & phone numbers of the people you are requesting to fill out reference forms. If you are currently being supported by CCF, disregard the "Missionary Support Reference Form."

1. Pastor / spiritual leader: _____

2. Friend: _____

3. Co-Worker: _____

Community Christian Fellowship Missionary Support Reference Form

15704 State Highway 110 North, Lindale, TX 75771

Phone: 903-882-8501 Fax: 1-866-796-8626

Office e-mail: office@ccflindale.org Website: www.ccflindale.org

The missions committee needs confidential references from the applicant's **pastor**, a **friend**, and a **co-worker** (three total) for applicants not currently being supported by CCF.

Applicant's name(s) _____ Today's date _____

Referrer's name _____ How long have you known the applicant(s)? _____

What is your relationship with the applicant? Pastor ___ Friend ___ Co-Worker ___ Other _____

Mailing Address _____

Phone _____ E-Mail (please print clearly) _____

1. Describe the applicant(s)' character & personality: _____

2. Describe the applicants' leadership qualities: _____

3. Is the applicant (&/or spouse) good at teamwork or is he/she an independent "lone ranger"? Explain:

4. Circle any of these positive attributes that might consistently describe the applicant: kind, joyful, giving, confident, encouraging, can delegate, team worker, humble, forgiving, dependable, can keep confidence

5. Circle any of these negative attributes that might consistently describe the applicant: angry, depressed, anxious/fearful, lazy, insecure, jealous, greedy, controlling, proud, independent spirit, harsh, judgmental, religious spirit, gossip, co-dependent, self-condemning, rejection spirit, selfish.

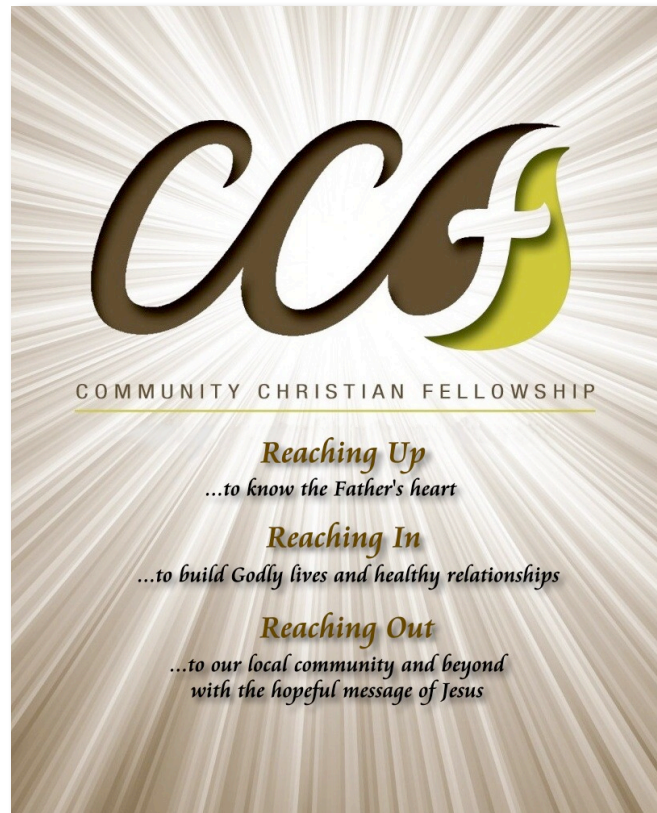
6. Give an example of a time you've spent together with the applicant:

7. When conflicts in relationships arise, how have you seen the applicant deal with the conflict?

8. How would you describe the applicant's spiritual walk?

9. To your knowledge does the applicant (&/or spouse) have any ongoing/reoccurring emotional, spiritual or mental conditions/addictions? (circle): drug/alcohol abuse, eating disorder, gambling, lust/pornography, sexual addiction, anger issues, depression, other/explain: _____
10. If any of the above apply, has the applicant sought help/repentance? _____
11. Do you believe the applicant to be mentally, emotionally & spiritually sound? _____
12. If applicable, is the applicants' marriage/family in proper order as described in Colossians 3:18-21 & Eph. 5:22-33? Explain: _____
13. Would you consider the applicant(s) to be a good role model(s) for young Christians? _____
14. Would you recommend this individual/couple for outreach to a developing nation if you were a leader? Why or why not? _____
- _____
15. How would you describe the applicant's physical health? _____
- _____
16. Will you be supporting this individual/couple financially? _____ in prayer? _____ other _____
17. Additional thoughts & input:

Please email, fax or seal this form and send it to the address on the first page of this form, in c/o Missions Committee. Please avoid giving this confidential form back to the applicant. Thank you for your time and input for this individual!



Community Christian Fellowship Statement of Faith

There is one God, infinitely perfect, existing eternally in three persons:
Father, Son and Holy Spirit.

Jesus Christ is true God and true man. He was conceived by the Holy Spirit and born of the Virgin Mary. He died upon a cross—the Just for the unjust—as a substitutionary sacrifice, and all who believe in Him are justified on the grounds of His shed blood. He arose from the dead according to the Scriptures. He is now at the right hand of the Majesty on high as our great High Priest. He will come again to establish His Kingdom of righteousness and peace.

The church consists of all those who believe on the Lord Jesus Christ, are redeemed through His blood, and are born again of the Holy Spirit. Christ has commissioned the Church to go into all the world as a witness, preaching the gospel to all nations.

The Bible is the inspired word of God and is a complete revelation of His will for man's salvation. It constitutes the divine and only rule of the Christian faith and practice.