

Northshore Baptist Church
MISSIONARY SUPPORT REQUEST

Thank you for choosing to apply for support from Northshore Baptist Church (NSB). We need you to complete this application as thoroughly and faithfully as possible; incomplete applications will not be processed. Please review our NSB Statement of Faith.

Upon completion, you may return this form via email to: missions@nsb.org or by hardcopy to:

Northshore Baptist Church
Attn. Missions Department
10301 NE 145th Street
Kirkland, WA 98034

I. Personal Information

Name _____

Birth date _____

Contact info in USA:

A. Address _____

B. Phone _____ Cell Phone _____

C. Email (secure?) _____

Contact info on the Field:

A. Address _____

B. Phone _____ Skype _____

C. Email (secure?) _____

If married, spouse's name:

A. Spouse's birth date _____ Anniversary date _____

Children (names and birth dates) _____

Relative Contact Information in the States:

A. Name _____

B. Address _____

C. Email _____ Phone Number _____

II. Church Information

Are you a member of NSB? _____ How long? _____

In which ministries are you currently involved? _____

What is the name of your home church if other than NSB? _____

Address _____

Phone _____ Email _____

Senior or Mission Pastor's name _____

If NSB is not your church home, what are your ties with NSB? _____

III. Mission Agency

Sending Agency Name _____

Address _____

Contact Name at Agency and Phone Number _____

IV. Ministry Information

Briefly state your personal testimony _____

Please describe the ministry you will be involved in (include specific location, type of work, and whether your family will be involved with the ministry) _____

Is the area you will be ministering in a restricted-access country? _____

Date service begins _____ Anticipated Duration _____

What opportunities will this ministry give you to share the Kingdom message through evangelism, church planting, discipleship, or ministering to physical needs?

What is your target group? Do other similar ministries exist for this group? _____

Would there be opportunities for NSB members to be involved in your ministry through short-term teams?

V. Financial

What is your monthly financial need? _____

What is the total amount of support being raised? _____

To date, how much of this support has already been raised or committed? _____

Are you required to raise money for additional expenses? _____ Please explain _____

Please give any specific instructions concerning how your support should be directed

VI. Support Team Information

NSB strongly encourages gathering a group of 6-8 people who will commit to pray for you and provide the necessary support that each missionary needs when out on the field. Please provide the name and phone number of a lead contact person from your support team.

Name _____ Number _____

Please return this application with a *current photo* of yourself and any other comments/information you would like to share with us.