



**MT CALVARY BAPTIST CHURCH  
5120 Whitfield Chapel Rd  
Lanham, MD 20706  
Pastor Charles E. Cato Sr.**

**INTERNATIONAL MISSION APPLICATION FORM  
PLEASE PRINT**

**APPLICATION INSTRUCTIONS/INFORMATION**

1. Please complete application in its entirety.
2. Sign and date application
  - **A \$100.00 (non-refundable) deposit is required upon submittal of your application.**  
Write the name of the Mission Trip on the memo line.
3. If you are a member of another church, you are required to submit a letter from your Pastor indicating you are a member in good standing and that he/she is supportive of your participation in this mission.
4. Application will be reviewed by Senior Pastor Charles E. Cato and the Mission Director for approval. Any application not approve will receive their refund of \$100.00

Place of Mission: \_\_\_\_\_ Travel date(s): \_\_\_\_\_

Full Name: \_\_\_\_\_ T-shirt size: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

E-Mail address: \_\_\_\_\_ E-Mail address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Other: \_\_\_\_\_

If you are not a *Mt. Calvary Baptist Church* member, please provide the information below in reference to your church.

Your Church: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Your Pastor: \_\_\_\_\_

Church #: \_\_\_\_\_

Fax #: \_\_\_\_\_

**QUESTIONIARE**

1. Have you ever been on a Mission Trip before, if so where and when? \_\_\_\_\_

\_\_\_\_\_

2. What transpired in your life for your commitment to travel on this Mission Trip? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. What is your favorite bible verse and why? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Do you have any experience as a Church Consoler, if so what church and for how long?

\_\_\_\_\_

\_\_\_\_\_

5. In the past 10 years have you taken any bible study classes and if so, please list the name of the course, the year and place course it was taken? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. Comments or Concerns: \_\_\_\_\_

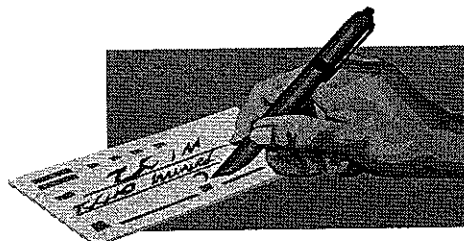
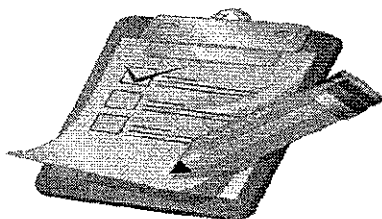
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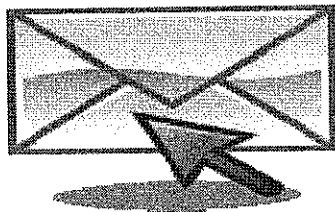
## INSTRUCTIONS AND INFORMATION

COMPLETED APPLICATIONS WITH CHECK or MONEY ORDER CAN BE MAILED TO:



MT. CALVARY BAPTIST CHURCH  
ATTN: *NINA WATKINS, MISSION DIRECTOR*  
5120WHITFIELD CHAPEL RD  
LANHAM, MD 20706

OR



IT CAN BE SUBMITTED TO THE CHURCH OFFICE IN A SEALED ENVELOPE ADDRESS TO:  
*NINA WATKINS, MISSION DIRECTOR*

**APPLICATIONS SUBMITTED WITHOUT THE \$100.00 NON-REFUNDABLE FEE  
WILL BE RETURNED**

**ALL QUESTIONS AND CONCERNS CAN BE ADDRESSED TO:**

**NINA WATKINS, MISSION DIRECTOR**  
**Home 301-855-0929 \*\* Work 301-274-3337 \*\* Cell 240-882-6881**