

APPLICATION
LOCAL MISSION COMMITTEE
Serving Our City

PERSONAL INFORMATION

Name: _____ Age: _____

Address: _____

Church Member (check one): ☐ Yes ☐ No If Yes, for how long? _____

CONVICTIONS AND CONNECTIONS

1. What are two or three Bible passages that motivate you to share Christ's love with the community? (No need to write them out, but list the references)

2. When was the last time you had a non-Christian from the community in your home?

3. When was the last time you were able to share the gospel or have a spiritual conversation with someone from your neighborhood or community?

4. Please list and briefly describe your involvement with any community outreaches, activities, or organizations during the last 5 years.

5. List any ways in which you are connected within the community (e.g. kids in the school system, sports, HOA involvement, etc.)

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SKILLS AND PASSIONS

1. What would your friends or family say you are most passionate about?
2. Why do you want to be on this Committee?
3. What specific skills, experiences, or spiritual gifts would you add to the Committee?

OBSERVATIONS AND INPUT

1. How long have you lived in the “Greater Gaithersburg” community?
2. What do you think are the biggest needs/challenges facing our community?
3. If you had the time, energy, and resources to do one thing to express God’s love to this community, what would it be?

PLEASE RETURN TO BETH (bethk@covlife.org) AT CHURCH OFFICE.

THANK YOU FOR YOUR INTEREST IN SERVING OUR CITY ON THE LOCAL COMMITTEE!