



Crossroads Church – Albert Lea, MN  
Application for Missions Support

Your Name: \_\_\_\_\_ Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Phone Numbers: \_\_\_\_\_  
Home: \_\_\_\_\_  
Work: \_\_\_\_\_  
Cell: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Marital Status:  Single  Married  Widowed  Divorced  Re-married

Explain how you came to faith in Christ:

Occupation/Education (HS and following –where did you study, what degrees have you earned...give dates):

Briefly describe your present and past ministry involvement (include years of service for each ministry):

Name of your **Home Church** and location: \_\_\_\_\_

Denomination: \_\_\_\_\_ Pastor/Mission Pastor's Name: \_\_\_\_\_

Phone number: \_\_\_\_/\_\_\_\_/\_\_\_\_ E-Mail: \_\_\_\_\_

Member (3+ yrs)  Member (less than 3 yrs)  Attendee (3+yrs)  Attendee (less than 3 yrs)

Connection with Crossroads Evangelical Free Church (explain): \_\_\_\_\_

**Employer:** \_\_\_\_\_ **Contact person:** \_\_\_\_\_

Phone number and/or e-mail address: \_\_\_\_\_

**References** – (name and e-mail addresses of three people who know you well that we can contact)

1. \_\_\_\_\_ E-mail: \_\_\_\_\_

2. \_\_\_\_\_ E-mail: \_\_\_\_\_

3. \_\_\_\_\_ E-mail: \_\_\_\_\_

**Name of Ministry** you want to serve with: \_\_\_\_\_

Website: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Phone: \_\_\_\_\_ Contact Person: \_\_\_\_\_

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

Country or region of interest: \_\_\_\_\_ Type of Ministry: \_\_\_\_\_

How long do you plan to serve? \_\_\_\_\_ Anticipated **monthly** support needed: \_\_\_\_\_

Please explain how God has called you...why do you feel you should become involved in this ministry?

What learned/demonstrated skills do you have that help fit you for this ministry?

Additional information you feel the Crossroads Missions Ministry should be aware of:

I have read and agree with the Crossroads Church Statement of Faith.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return (by mail, fax or e-mail) to: Crossroads Global Outreach  
3402 Hoeger Lane – Albert Lea, MN 56007

**Phone:** 507-377-3276

**Fax:** 507-377-1533

**E-Mail:** [office@crossroadschurchfamily.com](mailto:office@crossroadschurchfamily.com)

For Office Use: Consideration completed \_\_\_\_\_ Recommendation: \_\_\_\_\_