

Diocese of Davenport Volunteer Program Application for Short-term Mission Trip

			Date:	
Please mark one	□ Team	□ Individu	ıal	
Assistance Designa	ted for parishes in	the Diocese of	Davenport	
Applicant Name?				
Address	City	State	Zip	
Phone:		Email:		
Parish Group:		Country / State to Visit:		
Start Date:		Return Date	:	
What organization is snon	coring this trip?			
What organization is spon	soming this trip:			
Will you have short –term	mission training prior to	mission experience	? Yes	□ No
Who or what organization				
-	•	-		
Please describe your grou	p's relationship to the sp	oonsoring organizati	on as appropriate: _	
Will you have a debriefing	after your mission expe	rience?	☐ Yes	□ No
Will your parish assist in fu	ınding?		□ Yes	□ No
If Yes How much? \$	Cost	of Trip \$:		

Amount Requested from the Committee \$: _____

Are you a parish member?	How Long?
Describe the Mission opportunity to which God has calle	d you:
Will this mission trip be a joint effort with another parish? other churches on this mission trip?	Would you be willing to include members of
How do you expect to finance your expenses: Travel, roo	om and board etc.?
What ministry experience have you had in your local par	ish, community and abroad?

What are the goals and objectives of the mission And with the diocese?	n? How will you share the experiences with your parish?			
Two reference	es (Individual Grants)			
Name:	Phone:			
Name:	Phone:			
We prefer that you complete the electronic version online, but if you must use hard copy:				
Please return the completed application to:				
Trouble rotain the completed application to:	Diocese of Davenport			
	Attn: Esmeralda Guerrero 780 West Central Park Ave			
	Davenport, IA 52804-1901			
Please e-mail the complete application to Esmeralda Guerrero, guerrero@davenportdiocese.org				
For o	ffice use only			
Amount awarded: \$	Check #			
Approved Date:	Notes:			