



First Congregational Church United Church of Christ

1 CHURCH STREET ▪ PO BOX 246 ▪ DEEP RIVER, CT 06417
860-526-5045 ▪ www.deepriverchurch.org

MISSION PROGRAM/TRIP/WORK FUNDS REQUEST REQUIREMENTS

Among the more noble callings within the church is that of the commitment to become a mission worker--a calling in which one agrees to give freely of his own time to aid those in need. The First Congregational Church of Deep River (DRCC) has set up a fund to assist members in this calling.

Requirements to be Considered for Funds:

1. Youth or parent must be a member of DRCC.
2. You must provide volunteer service to DRCC. This could include, but not limited to DRCC fundraising dinners or activities that benefit church mission work. If an individual seeking funds is not able to assist at fundraiser events, the individual must volunteer fifteen (15) hours of service to the church. This includes but not limited to Christmas Faire, craft fair, flea market, soup kitchen, etc.
3. Fill out Individual or Group Sponsorship Application and return to church office.
4. Prior to receiving a sponsorship the applicant must:
 - o provide documentation that obligations set by trip leader have been fulfilled
 - o provide documentation of volunteer hours to the church (see attached form)
 - o all deposits and payments are submitted by their due dates; if this requirement is not fulfilled, DRCC has the right to withdrawal your sponsorship (if circumstances prevent you from fulfilling the above, you must speak with your trip leader immediately)
4. You will be contacted by the Senior Minister, Director of Christian Education or Director of Youth and Family Ministry as to the status of your application by March 1.
5. Complete a final trip report.

Applying for Funds

- Individuals - Up to \$150.
- DRCC approved Youth Trip sponsored by the church - Up to \$850.
- Must submit application prior to February 15th of the trip year. If there is an unexpected trip/mission opportunity and funds are available, you may apply after the deadline.
- Distribution of available funds are at the discretion of the Senior Minister, the Director of Christian Education and the Director of Youth and Family Ministry.

*Approved by Church Council: 3/1/2010
Revised: 11/1/2010*



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Office Use:
Recorded: ___
Initials: ___
Date: _____

INDIVIDUAL SPONSORSHIP APPLICATION

1. Name: _____
Last First Middle
2. Parent/Guardian Name: _____
3. Address: _____
4. Are you or your parent/guardian a member of the church? Please indicate name of member below.

5. Who is the sponsoring organization of the mission trip? _____
6. What organization is benefitting from your mission work? _____
7. Where is the location of the trip? _____
8. What are the dates of the trip? _____
9. Explain Christian work and activities you will be involved in. _____

10. Your individual cost of the trip: \$ _____
11. Attach your completed Church Service Volunteer Hours Form showing a total of 15 hours.
12. Have you reviewed the Mission Program/Trip/Work Funds Request Requirements and fulfilled all trip obligations? ___ Yes ___ No
13. Did you submit this application prior to February 15th of the trip year? ___ Yes ___ No
You will receive status of your application by March 1st.

- I verify that the above and attached information is truthful and accurate to the best of my knowledge.
- I promise to complete the final trip report.
- I further agree to indemnify and hold harmless the 1st Congregational Church, Deep River and the United Church of Christ and its ministers, leaders, employees, volunteers, or agents from any and all claims arising from my participation in activities and programs, or as a result of injury or illness during such activities.

If you are under 18, a parent/guardian must also sign.

Participant Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

OFFICE USE ONLY

This application has been ___ accepted.

More information is needed. Explain for resubmission. _____

Approval: _____
Senior Minister Signature/Date Director of Christian Education Signature/Date Director of Y&F Ministry Signature/Date

Deduct from Mission Account: _____ Amount \$: _____



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CHURCH SERVICE VOLUNTEER HOURS

Complete this form and attach to your Sponsorship Application.

Name: _____

Mission Work/Trip: _____

Volunteer Hours:

Date: _____ Description: _____

Hours worked: _____ Adult Coordinator: _____

Date: _____ Description: _____

Hours worked: _____ Adult Coordinator: _____

Date: _____ Description: _____

Hours worked: _____ Adult Coordinator: _____

Date: _____ Description: _____

Hours worked: _____ Adult Coordinator: _____

Date: _____ Description: _____

Hours worked: _____ Adult Coordinator: _____

(Use the back of this form for additional hours if needed.)

I verify that the above information is truthful and accurate to the best of my knowledge.

Youth Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

(if under 18 years of age)

