

RHCBC Missions Organization Staff Support Application Form

Extract from Section 11 (about Missions Organization Staff) of the RHCBC Missions Policy

11. Support for Missions Organization Staff via COLA (Cost of Living Assistance)

11.1. Basic Requirement

- 11.1.1. Applicant must be an active member of RHCBC for at least three years: he/she should have a regular involvement in Sunday Service, Sunday School, prayer meeting, fellowship group and church ministries.
- 11.1.2. Applicant must be sure of his/her vocational calling to full-time ministry and is endorsed by the pastor(s) and leaders of the church.
- 11.1.3. His/Her ministry must be recognized by Missions Ministry as valid Christian work which may include any of the following:
 - (i) Evangelism
 - (ii) Church Planting
 - (iii) Pre-evangelism in Restricted Countries
 - (iv) Theological Education
 - (v) Christian Literature Work
 - (vi) Gospel Information Technology
 - (vii) Relief Work
 - (viii) Christian Counseling
 - (ix) Community Outreach
- 11.1.4. The organization he/she affiliates with must be recognized by Missions Ministry and be considered worth supporting.
- 11.1.5. Applicant has financial need

11.2. Application Procedure

- 11.2.1. Applicants must submit the COLA Application Form (Appendix IV) to Missions Ministry by the end of October to be considered for support in the following year.

11.3. Support Guideline

- 11.3.1. All financial information provided by the applicant will be kept confidentially.
- 11.3.2. Under normal circumstances, all information provided is regarded as trustworthy. However, Mission Ministry reserves the right to ask for the proof of the submitted information.
- 11.3.3. The applicant's request should not be merely considered according to the applicant's annual income but to his/her household annual income.
- 11.3.4. The dollar amount of support will also depend on the finance of the church, and it is suggested that the annual amount of support for an individual applicant should not exceed \$5,000.
- 11.3.5. Application approval is determined jointly by the Missions Board.

Name of Applicant: (English) _____ (Chinese) _____ Home Address: _____ Phone No.: (Home) _____ (Office) _____
How long have you been attending RHCBC: _____ years Fellowship Attending: _____ How long have you been a Christian: _____ years Date of Baptism: _____ Are you a member of RHCBC? Yes _____ (Date: _____) No _____ Do you regularly attend RHCBC's Sunday Service in the last three years? Yes: _____ No: _____ Do you regularly attend Sunday School, prayer meeting and fellowship/cell group in the last three years? Yes: _____ No: _____ Do you serve actively in church ministries at RHCBC in the last three years? No: _____ Yes: _____ Please list: _____
Are you sure of your vocational calling to full time ministry? Yes: _____ No: _____ Occupation: _____ Title: _____ Organization: _____ Length of service with this organization: _____
Annual salary: \$ _____ Other source of income: \$ _____ Total annual family (if married) (single only need to provide personal income) income: \$ _____ (For married candidate only) Total annual family needs: \$ _____ Amount requested for assistance: \$ _____
I, as the applicant, do sincerely give my pledge to all information stated above. Date: _____ Signature: _____

NOTE: Application must be done per each RHCBC fiscal year (usually by end of October each year).

Please submit the form with (1) personal testimony of your vocational calling to full-time ministry; (2) a brief description of your conversion experience.

For Missions Ministry Use Only

Approval Points:

Policy 11.1.1: One Point: _____ **Zero Point:** _____

Applicant is an active member of RHCBC for at least three years: he/she has a regular involvement in Sunday Service, Sunday School, prayer meeting, fellowship group and is actively serving at church ministries.

Policy 11.1.2: One Point: _____ **Zero Point:** _____

Applicant is sure of his/her vocational calling to full-time ministry and is endorsed by the pastor(s) and leaders of the church.

Policy 11.1.3: One Point: _____ **Zero Point:** _____

His/Her ministry is recognized by Missions Ministry as valid Christian work which includes at least one of the following: (i) Evangelism (ii) Church Planting (iii) Pre-evangelism in Restricted Countries (iv) Theological Education (v) Christian Literature Work (vi) Gospel Information Technology (vii) Relief Work (viii) Christian Counseling (ix) Community Outreach

Policy 11.1.4: One Point: _____ **Zero Point:** _____

The organization he/she affiliates with is recognized by Missions Ministry and is considered worth supporting.

Policy 11.1.5: One Point: _____ **Zero Point:** _____

The applicant has financial need.

For approval, 11.1.1, 11.1.2, 11.1.3 and 11.1.4 must score a total of four points.

Approved by: _____
Missions Ministry Head Missions Pastor

Amount Approved: \$ _____ Date of Payment: _____

Reject Other

Reason: _____