Covenanters in World Mission Application

Attach Photo Here

Return to:

Baxter and Margie Swenson Co-Directors of Missionary Personnel 8303 W. Higgins Road Chicago, IL 60631

Name(s):			
Child(ren)'s name(s):			
Address:	Phone: _		
	Email:		
Member(s) of which Covenant church:			
Church Address:			
Letter of recommendation from church: □ attac	hed □ com	ing separately	
Sending (Mission) Organization:			
Organization Address:			
Country of service:			
Dates of service (beginning and expected ending):		
Responsibilities:			
Permission to post name & spouse, church & city dates of service, and responsibilities:	y/state, sending	g organization, country of ser	vice,
Covenant missionary prayer calendar	□Yes	□ No	
Covenant website	□Yes	□ No	
Signature:		Date:	
For inclusion in the next Covenant missiona	ry prayer cale	ndar, please submit by April	<i>1</i> .
Official Use: □ Accept □ Decline Reason: Application received: Reco	mmendation rec	eived:	

Recommendation by Pastor

From: Covenant World Mission, 8303 W. Higgins Rd, Chicago IL 60631
Date:
Recommendation by Pastor for Acceptance as Covenanters in Mission
Applicant(s) name(s):
Country of service:
Sending agency under which the applicant(s) serve:
Are you familiar with this agency and do you feel its policies are in harmony with those of Covenant World Mission?
Pastor's name:
Church name:
Address:
Church telephone: Email:
How long have you known the applicant(s)?
What is the strength of your recommendation? Please add any comments you feel are pertinent.
 ☐ I highly recommend the applicant(s) as member(s) of Covenanters in Mission ☐ I recommend
☐ I do not recommend
Signature: