



Sabbatical Application

Full Name: _____ Date: _____

Ministry Information

Location: _____ Team *(if applicable)*: _____
(City, Country)

Team Leader: _____ Ministry Director(s): _____

Eligibility Information

Date of original field deployment: _____

Completion date of most recent sabbatical *(if applicable)*: _____

Start and ending date of your proposed sabbatical: _____

Status of your financial support including monthly income and balance: _____

Purpose & Objectives

What do you hope to achieve by taking a sabbatical? _____

List at least three specific goals you will be focusing on during sabbatical:

1. _____
2. _____
3. _____

Logistics of Proposed Sabbatical

Address of where you will be staying: _____

Phone #: _____ Other contact info: _____

Will any external funding be needed? If yes, please explain: _____

If applicable, attach signed letter from a partner organization where sabbatical activities will be carried out.

Sabbatical Coach Information

Coach Name: _____ Phone #: _____

Email: _____

Other

Any other relevant information you would like us to know? _____

Office Use Only

Signatures for Approval

Team Leader *(if applicable)*

Date

Ministry Director(s)

Date

VP of Member Care

Date