

Oikonomos International Missionary Request for Support

The role of Steward is one of responsibility and trust. Missionaries entrust your homes and possessions to the Stewards who occupy the home for an extended period of time. In addition, the Steward is expected to engage with the local church. It is important to not that the Steward is not a missionary, and is not working in a formal sense. Oikonomos Stewards will be functioning in a foreign land, without direct supervision. Because of this position of trust and responsibility, it is incumbent upon Oikonomos International to provide a reasonable level of vetting and training before connecting the stewards with the missionaries. It is also critical for Oikonomos and the Oikonomos Stewards to have a full understanding of the roles and responsibilities being given them. We therefore ask that the missionaries provide as much information as possible with respect to the home, the tasks, and the church. Since Oikonomos Stewards serve in a cost-sharing relationship and as they must raise their own support, we also seek a clear agreement on the financial expectations.

Please be as complete as possible in completing this form. Better information will result in a better match of Stewards with needs and will feed into Steward Training prior to arrival.

Section 1: Names (Include Spouse's name, if applicable)

First Name	Last Name	Middle Name / Initial

Section 2: Contact Information

Mailing Address

Street	City	Post Code	Country

E-Mail Address

Phone

Phone Number (US) Alternate

Phone in Country

	Country Code	Number
Mobile		
Landline		

Section 3: Emergency Contact Information

Name	E-Mail	Phone

Street	City	Other	Post Code	Country

Mission Agency / Contact

Mission Agency Name			Phone	
Street	City	State	Zip Code	Country
Point of Contact - Name	E-Mail		US Phone	

Mission Team Lead

Team Lead - Name		E-Mail		US Phone (+1)	
		In-Country Phone	Country Code	Number	
Street	City	Other	Post Code	Country	

Section 4: Communication Constraints / Security Constraints: List any concerns or constraints Applicable to Application, Ministry, etc.
Section 5: Need Dates

From:			To:		
Day	Month	Year	Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Are these dates: <input type="checkbox"/> Firm			<input type="checkbox"/> Tentative		

Section 6: Property Information**Street Address**

Street	City	Post Code	Country

Property Type

- | | |
|--|--|
| <input type="checkbox"/> House | <input type="checkbox"/> Flat / Apartment |
| <input type="checkbox"/> Townhouse | <input type="checkbox"/> Duplex |
| <input type="checkbox"/> Owned by Missionary | <input type="checkbox"/> Leased by Missionary |
| <input type="checkbox"/> Owned by Mission Agency | <input type="checkbox"/> Leased by Mission Team / Agency |

Property Manager / Estate Agent

Management Company Name		Point of Contact		Phone	
Management Company Address					
Street	City	Other	Post Code	Country	
Management Company e-mail					
Management Company website / URL					
Have you received approval?		<input type="checkbox"/> Yes <input type="checkbox"/> No		In Writing? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Note: Management / Owner Approval are required for rented / leased Properties

Section 7: COSTS: Please provide a full accounting of your monthly expenses

This information will be used in calculating support needs and in establishing cost-share

		Weekly? Yes/No	Monthly? Yes/No
Rent:			
Utilities:			
Utilities - other			
Cable			
VOIP			
In-Country Phone			
Other (Please specify)			
Total			

Estimated Cost of Moving / Storing Household Goods (Total)

Needed / Desired Financial Contribution

Section 8: Property Description: Please describe your home, including any unique requirements / features

Please tick appropriate boxes or give numbers

# Bedrooms	<input type="text"/>	# Bathrooms	<input type="text"/>	# of Floors	<input type="text"/>
Kitchen	Stove / size <input type="text"/>	Refrigerator / size	<input type="text"/>		
Clothes	Clothes washer <input type="text"/>	Clothes Dryer	<input type="text"/>	Drying Racks	<input type="text"/>
	Nearby Laundramat: provide distance <input type="text"/>				
Living Room	<input type="text"/>	Separate Lounge	<input type="text"/>	Dining Room	<input type="text"/>
Television	<input type="text"/>	Cable/WiFi	<input type="text"/>	VOIP Phone	<input type="text"/>
Heat Type	Electric <input type="text"/>	Gas	<input type="text"/>	Oil/Kerosene	<input type="text"/>
	Coal <input type="text"/>	Fireplace	<input type="text"/>	Forced Air	<input type="text"/>
Cooling	Air Conditioning <input type="text"/>	Electric Fan	<input type="text"/>	Other	<input type="text"/>

Section 7: Maintenance Requirements: Please describe any expected maintenance your home, prohibited maintenance (i.e. maintenance that requires an expert).

Location of Supplies / Shut off

Light Bulbs	<input type="text"/>
Water Heater	<input type="text"/>
Water Shut off	<input type="text"/>

Gas Shut off	
Oil Shut off	
Fuse Box / Circuit Breaker	
Fuse Storage	
Thermostat	
Instruction Manuals	

Management Company / Estate Agent Maintenance / Emergency Contact

Name	E-Mail	Phone		
Street	City	Other	Post Code	Country

Plumbing

Name	E-Mail	Phone		
Street	City	Other	Post Code	Country

Electric

Name	E-Mail	Phone		
Street	City	Other	Post Code	Country

Heating

Name	E-Mail	Phone		
Street	City	Other	Post Code	Country

Cooling

Name	E-Mail	Phone		
Street	City	Other	Post Code	Country

Section 8: Additional / Special Requirements

Waste Management Provide instructions on recycling, trash pick-up, bins, etc.

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Car requiring serve Provide details (i.e. frequency of starting, etc)

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Car available to use Provide details (constraints, insurance requirements, etc)

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Provide description, veterinarian, authorization for treatment, food and other requirements. NOTE: May limit ability to provide Stewards

Pet

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House Plants

Provide watering instructions, etc

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Garden

Provide instructions on care, mowing, etc

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Section 9: The Neighborhood: Please provide a description of the neighborhood surrounding the house, including access to public transportation and shopping. Note any cross-cultural considerations, opportunities, issues or sensitivities. Note any language or other considerations. Also, address any safety or security concerns.

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Section 10: The Church: Please provide a description of the Local Church and how the Stewards may be of assistance.

Name of the Church

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Street Address

City

Other

Post Code

Country

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Pastor - Name

E-Mail

Office Phone Number

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Worship: (Times and Places)

Day

Time

Place

Contact with Questions

Phone

Day	Time	Place	Contact with Questions	Phone

Specific Ministries: Identify ministries and contacts where help might be needed / appreciated (i.e. Teaching Elder, Musician, etc)

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I (We) hereby request that Oikonomos International begin the process of identifying a Steward or Steward Couple to meet the needs of my travel. This does not obligate me or the Stewards at this time.

By checking this block and typing my name, I acknowledge that this constitutes a signature on this application.

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Printed Name

Signature

Date

By checking this block and typing my name, I acknowledge that this constitutes a signature on this application.

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Printed Name

Signature

Date