

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:**

Day

Month

Year

To:

Day

Month

Year

Are these dates:

___ Firm

___ Tentative

Section 6: Property Information**Street Address**

Street

City

Post Code

Country

Property Type

___ House

___ Flat / Apartment

___ Townhouse

___ Duplex

___ Owned by Missionary

___ Leased by Missionary

___ Owned by Mission Agency

___ 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?

___ Yes ___ No

In Writing?

___ Yes

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

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	
Water Heater	
Water Shut off	

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

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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

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