

MISSIONS APPLICATION



(PLEASE PRINT NEATLY)

What dates would you like to travel: _____

Will you travel alone, or with a group? If a group, please indicate how many.

Personal Information

Name _____ Nickname _____

Age _____ Sex _____ Date of Birth _____ Marital Status _____

Does your spouse support your participation in this trip? ___ yes ___ no

Home Address _____

City _____ State _____ Zip _____

Email Address _____

Phone Numbers: Home _____ Work _____ Cell _____

Spouse and Children's Names (ages) _____

Emergency Contact Name/Number: _____

Passport Number _____ **Expiration Date** _____

Country of Issue _____

Your full and exact name as it appears on your passport

Note: Passports are required. Please attach a copy of your passport to this application. If you do not have a passport, please apply for one immediately.

Medical Background

How would you describe your health? ___ excellent ___ good ___ fair ___ poor

Please list all allergies: _____

Please list all physical limitations: _____

Have you ever been treated for mental/emotional conditions? ___ yes ___ no If yes, please describe:

List any medications you are currently using: _____

Church Affiliation

What church do you attend? _____

Name of Senior Pastor: _____ Phone Number: _____

E-mail: _____ May we contact? ____ yes ____ no

Church Address: _____

Are you a member of this church? ____ yes ____ no

What areas of serving/volunteering are you currently involved? _____

What is the name of the Pastor or Team Leader that you serve alongside the most? _____

E-mail: _____ May we contact? ____ yes ____ no

Other Information

Have you ever traveled on a Missions Trip? ____ yes ____ no

If yes, where did you go and when? _____

Do you speak a second language? ____ yes ____ no If so, what language? _____

What ministry experience can you share with this mission trip? _____

What are your spiritual gifts? _____

List any trade experiences (carpentry, plumbing, teaching, etc.) _____

What are you hoping to gain from this trip? _____

Please briefly share your testimony: _____

Please give us the names of two references:

Name: _____ Number: _____

E-mail: _____ Relationship to you: _____

Name: _____ Number: _____

E-mail: _____ Relationship to you: _____

APPLICATION AGREEMENT

I have answered these questions honestly and to the best of my ability. I understand that his application will be reviewed and a phone interview or Skype interview may be scheduled for follow up questions.

Applicant Signature

Date