



## MISSION APPLICATION

ALL questions must be answered. Use (N/A) if a question does not pertain to you.

Please Print legibly

### GENERAL INFORMATION:

Name (as printed on your Passport): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Male/Female: \_\_\_\_\_

Social Security # (for possible background check): \_\_\_\_\_

A Passport is required for any mission trip.

PASSPORT# \_\_\_\_\_

Expiration date: \_\_\_\_\_

Are you a US citizen: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Contact phone number: \_\_\_\_\_

Relationship to you \_\_\_\_\_

**SPIRTUAL INFORMATION:**

Do you attend church regularly yes/no: \_\_\_\_\_

Are you a member yes/no : \_\_\_\_\_

If so where?: \_\_\_\_\_

Pastors name: \_\_\_\_\_

Are you actively involved in any ministries in your church yes/no: \_\_\_\_\_

If yes which ministries: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**PERSONAL INFORMATION:**

Do you speak a foreign Language yes/no: \_\_\_\_\_

If so what language? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please list any specific talents or abilities that you have: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please list any relationships you are aware of between you and others applying for this trip  
(parents, siblings, dating, employment, etc.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is there anything that you feel we should know about your personal life that could affect you  
or the team?: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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Do you have any chemical dependencies? Yes/no \_\_\_\_\_

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If so explain \_\_\_\_\_

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Please name two people who will provide a letter of reference for you:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

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Please describe your heart for the poor: \_\_\_\_\_

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Have you ever been on a mission trip before? Yes/no \_\_\_\_\_

List Organization \_\_\_\_\_

Type of mission: \_\_\_\_\_

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Why do you wish to take an active part in this trip: \_\_\_\_\_

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**HEALTH INFORMATION:**

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**Describe your present level of fitness and any physical limitations (walking, manual labor, heavy lifting, carrying luggage):** \_\_\_\_\_

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**How would you describe your health?: Excellent \_\_\_ Good \_\_\_ Poor \_\_\_**

**List any conditions you may have that would limit your ability to function effectively on a mission trip:**

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**Do you have any chronic illnesses? Yes/no: \_\_\_\_\_**

**If yes, please explain:** \_\_\_\_\_

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**Please list your Physician and phone number:** \_\_\_\_\_

**Please list any medications you are taking:** \_\_\_\_\_

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**List any known allergies to food/medications:** \_\_\_\_\_

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**Date of most recent tetanus immunization:** \_\_\_\_\_

**Does your health insurance cover you overseas? Yes/no: \_\_\_\_\_**

**Insurance name:** \_\_\_\_\_

**Group or Policy#** \_\_\_\_\_

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**FINANCIAL:**

Are you able to pay the cost if you are unable to raise support? YES \_\_\_\_ NO \_\_\_\_

Do you understand that both the deposit and final payment are NON-REFUNDABLE?:  
YES \_\_\_\_ NO \_\_\_\_

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- Everyone going on a trip is required to attend team training/team building session/sessions in preparation for the trip.
  - You will be notified of your acceptance or non-acceptance for this trip.
  - By signing this application, I commit to supporting and following the leadership of this mission trip.
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APPLICANTS NAME (please print) \_\_\_\_\_

APPLICANTS SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

If applicant is a minor, Parent or Guardian must review application and your signature is required below.

Parent/Guardian Signature \_\_\_\_\_

Relationship to applicant \_\_\_\_\_

Date \_\_\_\_\_

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