

Application for a Short-Term Mission Trip

Full Name exactly as it Appears on passport. Last: _____ First: _____ Middle: _____

Preferred mailing Address (no P.O. Box) Street Address: _____
City: _____ State: _____ Zip: _____

Phone numbers: Home: () _____ Work: () _____ Fax: () _____

Email Address: #1 _____ #2 _____

Parent's Names: _____ Phone: () _____

Spouse's Name: _____ Phone: () _____

Emergency Contact: Name: _____ Relationship: _____ Phone: () _____

Do you have medical Insurance? Yes / No
Your Doctor's Name: _____ Phone: () _____

(comments) _____

Do you have health Problems? (explain) Yes / No

Are Taking Medications? (what kind?) _____

Employer & Position: _____

Your Birthday: (dd/mm/yy) _____ Social Security #: _____

Marital Status & Gender: Married or Single: _____ Male or Female: _____

Ethnicity: (circle one) Caucasian / Hispanic / Asian / African / Indian / Native American / Other _____

Church Background: Church: _____ Pastor: _____ Phone: () _____

Your Position & Gifts: Pastor / Teacher / Worship Leader / Youth Leader / Intercessor / Other _____

(Circle all that apply) Evangelist / Helps / Drama / Singer / Musician / Business / Medical / Other _____

Foreign Languages you know: _____

List all the countries you have traveled to: _____

I acknowledge that all the statements on this application are true to the best of my knowledge:

Signed: X _____ Date: _____