

TEAM MEMBER APPLICATION

Name:

*\*Please write your name as it appears on your passport*

Address:

Phone: (     )       -       Gender Male Female

Email Address:

Date of Birth:       (mo/day/year)

T-shirt size (circle one): S M L XL XXL XXXL

Please check one of the following statements:

I have never been on a cross cultural missions trip

I have been on a previous missions trip with this church to       (country) in      (year)

I have been on a cross cultural missions trip with another church/organization. Who did you go with?

What types of things did you do on your trip?

What languages do you speak besides English and how fluently?

To which trip are you applying?

Why do you want to go on this trip?

How would you describe your current relationship with Christ?

What talents/gifts has God given you to minister to others? (Drama, singing, teaching, youth, etc.)

What are your strengths and challenges in the areas of personal relationships and meeting new people?

What do you expect to learn on this trip? How do you hope to be changed?

PASSPORT INFORMATION

If you are applying to go overseas and do not already have a passport, apply immediately for one. The process can take several weeks. (Passports are not required for State-side trips.)

Your name EXACTLY as it appears on your passport

Passport #       Expiration date

Issue date       Birthplace

Agency issuing passport

If you do not yet have a passport, please check here

CHURCH INVOLVEMENT

Have you committed to church membership? Yes No I plan to before the trip!

Are you committed to other church programs? Yes No I plan to before the trip! (Sunday school, small groups, etc.)

Are you currently serving in a ministry? Yes No I plan to before the trip!

If no, please explain:

REFERENCES

Name       Relationship to you       Phone #

Name       Relationship to you       Phone #

Name       Relationship to you       Phone #

HEALTH INFORMATION

Present health condition: Excellent Good Fair Poor

Explain if needed:

Are you presently covered by health insurance?  Yes No

Does your health insurance cover you outside the United States? Yes No

Check all of the following that apply to you and provide a concise explanation:

Physical disability

Allergies (meds, food, pets, etc.)

Illness or condition for which you are being treated

List all current medications you are taking

Date of late Tetanus shot

Other

EMERGENCY CONTACTS

Name      Relationship to you

Home #       Cell #       Work #

Name      Relationship to you

Home #       Cell #       Work #

Name      Relationship to you

Home #       Cell #       Work #

I have read the guidelines for short-term missions. I understand my responsibilities as outline there in terms of financial commitment, attendance at team meetings, and other areas of preparation.

     

Signature Date

(If applicant is under the age of 18, a parent or legal guardian must also sign)

I, the parent/legal guardian of the above applicant, have read and understand the guidelines for shore-term missions. I understand the responsibilities as outlined in terms of financial commitment, attendance at team meetings, and other areas of preparation. I hereby give my child permission to participate.

Signature Date

Please include your $350 non-refundable, non-transferable deposit made out to the church with this application.