

## MISSION TRIP APPLICATION

### General Information

**Print your name as it appears on your passport/birth certificate.**

Legal Name: \_\_\_\_\_  
 (First, middle and last as it appears on your passport or Driver's License)

Title: \_\_\_\_\_ Preferred Name: \_\_\_\_\_  
 Mr. Mrs. Ms. Rev. Dr. (If different than above)

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Gender (M/F): \_\_\_\_\_ Marital Status: \_\_\_\_\_ Single \_\_\_\_\_ Married

T-Shirt Size: S \_\_\_\_\_ M \_\_\_\_\_ L \_\_\_\_\_ XL \_\_\_\_\_ 2XL \_\_\_\_\_

### Travel Information

If your passport application is being processed, leave this blank for now.

Passport Number: \_\_\_\_\_ Citizenship: \_\_\_\_\_

Date of Issue: \_\_\_\_\_ Date of Expiration \_\_\_\_\_

Issued By/ Place: \_\_\_\_\_

### Emergency Information

Complete the Waiver and Medical Release

Name of Emergency Contact #1 \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name of Emergency Contact #2 \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Relationship: \_\_\_\_\_

**Insurance Information**

Medical Insurance \_\_\_\_\_ Policy # \_\_\_\_\_

Company Name

**Health Information**

If you prefer this to be confidential, please give this information in a sealed envelope.

Primary Doctor Contact:

Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Do you have any particular health problems? YES NO

If yes, please briefly describe: \_\_\_\_\_

Are you on any long-term medication? YES NO

List medications: \_\_\_\_\_

List chronic diseases/allergies:

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

**Ministry Experience**

Which trip are you applying for? \_\_\_\_\_

Are you a church member?            YES            NO

If yes, what church? \_\_\_\_\_

Have you previously participated in a short-term trip?            YES            NO

If yes, where and when? \_\_\_\_\_

Name of the Organization: \_\_\_\_\_

Do you speak a foreign language?    YES    NO

If yes, which language(s)? \_\_\_\_\_

Are you currently serving in a ministry? Describe. \_\_\_\_\_

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

What previous ministry experience and/or training have you had? \_\_\_\_\_

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

What learned or professional skills do you have? \_\_\_\_\_

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

Why do you want to participate in this trip? \_\_\_\_\_

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What are you praying God will accomplish in your life through this trip? \_\_\_\_\_

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**Brief Personal Testimony**

Feel free to use more space if necessary.

My life before I received Christ: \_\_\_\_\_

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When and how I received Christ: \_\_\_\_\_

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My life since receiving Christ: \_\_\_\_\_

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