



growchurches.com

SHORT TERM MISSION TRIP APPLICATION

We're glad that you have an interest in going on a short term mission trip. Please complete this application and return it to our church office. Thank you.

PERSONAL

Name (as on birth certificate/passport)			Birth Date / /	
Address		City	State	Zip
Home phone	Cell phone	Email		
<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of salvation	Do you have your passport?		
Marital status <input type="checkbox"/> married <input type="checkbox"/> single <input type="checkbox"/> divorced <input type="checkbox"/> remarried		Are you a U.S. Citizen? If no, what is your nationality?		
T-shirt size <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL		What is your home church?		
Country of the mission trip you are applying for		Dates of mission trip you are applying for		

PLEASE COMPLETE THIS SECTION IF YOU ARE UNDER 18

Father/Guardian	
Last Name	First Name
Phone	Email
Mother/Guardian	
Last Name	First Name
Phone	Email
If parents are separated or divorced, who has legal custody? <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Joint <input type="checkbox"/> Other	

BACKGROUND

Do you have any physical handicaps or conditions preventing you from performing certain types of activities? If yes, please give details.

Please tell us if you have ever:

Had seizures? <input type="checkbox"/> ye <input type="checkbox"/> no	Had anxiety attack? <input type="checkbox"/> yes <input type="checkbox"/> no
Had hypoglycemia? <input type="checkbox"/> <input type="checkbox"/>	Had psychiatric care? <input type="checkbox"/> <input type="checkbox"/>
Had fainting spells? <input type="checkbox"/> <input type="checkbox"/>	Taken medication for depression? <input type="checkbox"/> <input type="checkbox"/>
Had an eating disorder? <input type="checkbox"/> <input type="checkbox"/>	Intentionally inflicted harm on self? <input type="checkbox"/> <input type="checkbox"/>
Had breathing problems? <input type="checkbox"/> <input type="checkbox"/>	Attempted suicide? <input type="checkbox"/> <input type="checkbox"/>
Treated for physical impairment? <input type="checkbox"/> <input type="checkbox"/>	Treated for mental impairment? <input type="checkbox"/> <input type="checkbox"/>

If you answered "yes" to any of the above, please give a complete explanation below and/or on a separate paper.

Do you have any allergies? If so, what are they?

Are you currently on any medications? If so, what are they?

Have you ever been convicted of a crime other than traffic violations?
If yes, please explain.

ABOUT YOU AND MISSIONS

Have you ever been on a mission trip before?	If yes, what country/year?
--	----------------------------

Tell us why you would like to go on a mission trip.

Give us your testimony of salvation

Describe your current relationship with God

How are you currently active in your church?

List any training, education, or ministry experience that has prepared you for ministry:

List any gifts, skills, or other factors that could be a benefit to mission work:

INTEREST

Indicate areas of interest:

- | | | |
|--|---|--|
| <input type="checkbox"/> Singing | <input type="checkbox"/> Street Evangelism | <input type="checkbox"/> Construction |
| <input type="checkbox"/> Playing an instrument | <input type="checkbox"/> Preaching/Teaching | <input type="checkbox"/> Children's Ministry |
| <input type="checkbox"/> Audio/Visual | <input type="checkbox"/> Drama | <input type="checkbox"/> Other _____ |

REFERENCES

List two (2) references that you have known for more than a year (They must be 18 years old and not related to you).

Name	Phone
------	-------

Name	Phone
------	-------

STATEMENT OF TRUTH

Do you agree with our Statement of Faith?	Do you agree to keep the honor code?
---	--------------------------------------

The information contained in this application is correct and complete to the best of my knowledge. I authorize any references or churches listed in this application to give you any information and opinions they may have regarding my character and fitness for ministry.. I release any individual, church, organization, charity, employer, reference, or any other person or organization from any and all liability for any damage that may result from furnishing such evaluations to you, and I waive any right that I have to inspect the reference provided on my behalf. Should my application be accepted I agree to be bound by the constitution, by-laws, and policies of the church and to refrain from unscriptural conduct in the performances of my services on behalf of the church. I also give the church the right to use my picture, voice and/or testimony in any form of communication.

_____ Signature

_____ Date

_____ Parent/Guardian signature if under 18

_____ Date