

into ALL the WORLD

Application for Short-Term Mission

DESTINATION: _____

DATES OF SHORT TERM MISSION: _____

NAME: _____

DATE OF BIRTH: _____

ADDRESS: _____

CITY/ TOWN: _____

PROVINCE _____ POSTAL CODE _____

TELEPHONE: _____

E-MAIL _____

PASSPORT NUMBER: _____

IF YOU ARE A STUDENT AT A DIFFERENT ADDRESS THAN ABOVE
PLEASE USE ABOVE FOR PERMANENT ADDRESS AND ADD OTHER
ADDRESS ON BACK.

Are you a member of a church? Yes _____ No _____

Where? _____

□ **How are you involved in your Home Church? What ministries and in what capacity?** _____

Please describe your anticipated ministry: (include your gifts if appropriate) _____

Will you have pre-departure and/or on-site training?

Yes _____ **No** _____

Dates of training period: (Missions Camp is a training period)

What is the total cost of your trip? (anticipated)

What are your plans for financing your trip?

Please give name and e-mail address of your pastor for a reference.

It is important for ALL individuals going on short-term mission to be covered by Travel Health Insurance (frequently under a work benefit, parents or self):

Provider and number: _____

Physician: _____ **Phone:** _____

PLEASE TAKE TO DR. OR TRAVEL CLINIC

Immunization	Date	Date	Date	Date
TdP				
MMR				
Hepatitis B				
Hepatitis A				
Typhoid				
Yellow Fever (If needed)				
Meningitis				
Dukoral				
TB skin test		Result		Result

This page may be sent at a later date once approved and vaccines given.

All vaccines may not be required or recommended. A visit to a Travel clinic is recommended. (Costs are above trip costs)

I have the following health problems.

Please include any chronic illness (e.g.) hearing, diabetes, etc.

1. _____

2. _____

Signed _____ **Date** _____

PLEASE COMPLETE ON A SEPARATE SHEET OF PAPER

- 1. How and when did you become a Christian? How would you describe your walk with God?**
- 2. Do you have any previous cross-cultural experience? If yes please describe?**
- 3. How has God called you to this particular short-term trip?**
- 4. What do you personally hope to gain from this short-term mission trip?**
- 5. What do you feel will be your greatest strengths?**
- 6. What do you feel will be your greatest challenges?**
- 7. How do you think your experience will benefit your local church?**

AS MUCH AS IT IS WITHIN MY POWER, I AGREE TO BE A POSITIVE AND CHRIST- CENTERED EXAMPLE ON THIS SHORT TERM MISSION TRIP.

SIGNED: _____ **DATE:** _____

PARENTS SIGNATURE: _____

DATE: _____

(If under 18 years)