



## SHORT-TERM MISSIONS APPLICATION FORM

### Trip Information

|                   |  |              |  |
|-------------------|--|--------------|--|
| Mission Location: |  | Team Leader: |  |
| Departure Date:   |  | Return Date: |  |

### Personal Information

|                   |                 |            |  |
|-------------------|-----------------|------------|--|
| First Name:       |                 | Last Name: |  |
| Street Address:   |                 |            |  |
| City:             | State:          | Zip:       |  |
| Home Phone:       | Work Phone:     |            |  |
| Cell Phone:       | e-mail address: |            |  |
| Medical Provider: | Policy Number:  |            |  |
| Current Age:      |                 |            |  |

### Emergency Contact

|   |                      |
|---|----------------------|
| Full Name:  | Relationship to you: |
| Street Address:   |                      |
| City:   | State: Zip:          |
| Home phone:   | Alternative phone:   |
| If married, do you have your spouse's support to go on this trip? |                      |
| Yes   | No                   |

### Church Information

|                             |                 |
|-----------------------------|-----------------|
| Church Name:                | Pastor:         |
| Street Address:             |                 |
| City:                       | State: Zip:     |
| Phone:                      | e-mail address: |
| Comm. or Fam. Group Leader: |                 |
| Phone:                      | e-mail address: |

### Passport Information

|  |                       |
|--|-----------------------|
| Passport Name:   |                       |
| (exactly as printed on passport)   |                       |
| Passport Number:   | Passport Nationality: |
| City and State where issued:   | Expiration date:      |
| (If your passport expires within 6 months of the end of your trip - apply for a new one) |                       |

### Medical/Physical Condition

|  |     |    |
|--|-----|----|
| Is there any reason why you cannot tolerate rigorous outdoor activity? | Yes | No |
| Is there any reason why you cannot tolerate high temperatures?         | Yes | No |
| Are there medical conditions that may effect your ability to serve?    | Yes | No |
| Please provide more details:   |     |    |

### Team Life

Will you commit to attendance at training meetings? Yes No

Missions activities are intended to bring Glory to God and good to man, therefore I will do nothing to hinder this goal. I will refrain from any drinking of alcohol, smoking, romantic relationships, immodest dress or inappropriate actions that may reflect negatively on the Lord. I will also follow practices outlined by my leaders that help me follow the appropriate cultural norms. By signing, I am agreeing to graciously accept the correction of my team leaders in these areas.

**Rationale**

Please provide your reason(s) for going on this trip:

**Testimony**

Please describe how you came into a personal relationship with Jesus Christ:

It is important that those going on mission trips are living in a way that pleases the Lord.

We don't have to be perfect, but our lives should demonstrate obedience to Christ.

In light of this, is there any hidden sin in your life that when discovered would exclude you from going on this mission trip?

**Yes No I'd like to talk to someone about this**

**Trip Expenses**

Is this your first mission trip?

How much does the total trip cost?

Do you want funding?

If so, how much?

**Acknowledgement**

To the best of my knowledge, the information supplied on this form is accurate and truthful.

I have read the statement of faith of Findlay Evangelical Free Church and the policies set forth for this missions activity and agree without reservation.

Signature:

\_\_\_\_\_

Date:

\_\_\_\_\_

If you are under the age of 18, your parent or legal guardian must also sign this form and in doing so, indicates his/her permission for your participation.

Parent/Guardian's Signature:

\_\_\_\_\_

Date:

\_\_\_\_\_