

# Short -Term Missions Application

**(Please Print)**

Date \_\_\_\_\_

Full Name \_\_\_\_\_ Marital Status M S

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

E-mail address: \_\_\_\_\_

Date of birth \_\_\_\_\_ Do you have a valid passport? Yes No

Employer \_\_\_\_\_ Position \_\_\_\_\_

Employer contact info: Phone- \_\_\_\_\_ e-mail: \_\_\_\_\_

## Health & insurance information

List name and contact information for someone who is authorized to make medical decisions for you in case of an emergency: (If you are authorizing the team leader, list their name)

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name of issuer (insurance company) \_\_\_\_\_

Policy number \_\_\_\_\_ Effective date \_\_\_\_\_

Any special medical needs? (list) \_\_\_\_\_

List any allergies (to foods, insect bites, animals, etc.) \_\_\_\_\_

Will you need to take any medication (prescription or OTC) or have it available during the trip?

(List all) \_\_\_\_\_

Ministry experience \_\_\_\_\_

Short -term mission experience. Where did you go? \_\_\_\_\_

What did you do? \_\_\_\_\_

When did you go? \_\_\_\_\_

Who was the leader? \_\_\_\_\_ Phone \_\_\_\_\_

What current trip are you applying for? \_\_\_\_\_

