



SHORT TERM MISSIONS TRIP APPLICATION

Submission of completed application does not guarantee trip approval.

Trip dates: ____ / ____ / ____ to ____ / ____ / ____ Birth date: ____ / ____ / ____

Last Name: _____ First Name: _____

Address: _____

Home Phone: _____ Work Phone: _____ Email: _____

US Citizen: Yes No Do you have a passport? Yes No If yes, please attach copy.

*Acquiring a current passport is the applicant's responsibility; including passports which expire during the trip.
Once you receive your passport, provide your team leader with a copy of the photo page.*

Marital Status: Single Married Separated Divorced Spouse's Name: _____

Children: Yes No Will any be traveling with you? Yes No If yes, fill in blanks below.

Name: _____ Birth date: ____ / ____ / ____ Social Security #: ____ - ____ - ____

Name: _____ Birth date: ____ / ____ / ____ Social Security #: ____ - ____ - ____

In an emergency, who should we contact? (Please list at least two names.) Include all phone numbers and address.

Biographical Information

Became a Christian (date): _____ Baptized/Dedicated (date): _____

Baptized in Holy Spirit: Yes No Date: _____

1. Describe how and when you became a Christian. Describe your walk with the Lord today.

2. Schools attended including university, Bible school, seminary training, or other special schools.



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3. Describe any previous cross-cultural living experience. _____

4. What type of short-term missions trip experience do you have? What part did you have in the team?

5. Describe your ministry experience at this church and previous churches. _____

6. Current church involvement:

- | | | | |
|--|--|---------------------------------|--|
| <input type="checkbox"/> Sunday Service | <input type="checkbox"/> Wednesday Service | <input type="checkbox"/> Youth | <input type="checkbox"/> Children's Ministry |
| <input type="checkbox"/> Worship Team/Band | <input type="checkbox"/> Celebrate Recovery | <input type="checkbox"/> Prayer | <input type="checkbox"/> Women's Ministry |
| <input type="checkbox"/> IGroups | <input type="checkbox"/> Youth Leadership Team | <input type="checkbox"/> Usher | <input type="checkbox"/> Men's Ministry |

7. Describe the natural skills and ministry gifts that you bring to the team that could benefit your team and the purpose for your trip.

8. Do you have any disabilities or special needs such as medical, dietary or otherwise that we should know about? Do you suffer from motion sickness?



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9. Each team member is required to be covered by international health, life, lost luggage and return of remains insurance. This coverage will be purchased on behalf of each team member and the cost included in the budget.
10. What is your blood type? _____
11. Are you prepared to give blood to a team member during the trip, if necessary? _____
12. Are you willing to receive required inoculations for your trip? Yes No
13. Are you willing to provide a copy of your health record to your team leader? Yes No
14. Please provide two adults, non-relatives, who know well and can give you a personal reference.

Name	Address	Phone number	Relationship

15. Do you have funding for your trip now? Yes No Are you willing to raise your funds? Yes No

State anticipated source and dollar amount or percent of funds from each category.

Personal \$ _____ %

Family \$ _____ %

Friends \$ _____ %

Church \$ _____ %

Other: _____ \$ _____ %

16. State your purpose for applying for this trip and what you are expecting from your participation.

17. Do you agree to work cooperatively with your team, team leaders and the field missionaries? Yes No



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18. List the languages you speak well, other than English. Describe your proficiency level in each.

19. Upon application approval, the following documents need to be turned in to your team leader immediately.

- Copy of Passport picture page and vital information page
- Personal Medical History form
- Copy of completed inoculation page in your passport health record (yellow). If requested.
- Parental or Guardian Release Agreement for minors

Upon signing this document, I agree to cooperate fully with the team leaders overseeing this team. I agree without reservation with Fountain of Life International's vision for this trip and with the team's ministry objectives. I also agree to attend all training meetings and pre-trip prayer meeting. I understand if I am absent for more than 25% of the meetings or the pre-trip prayer meeting, I exempt myself from participating in this trip.

I also understand the team leaders expect my full cooperation and participation. The team leaders have full authority to send me home immediately if I disregard their leadership or disrupt the trip in any way. All expenses involved to return me home will be my responsibility.

In signing this document, I agree the above information is true to the best of your knowledge and I agree to the above statement.

Signature

Date