



## SHORT TERM MISSIONS APPLICATION

### PERSONAL INFORMATION - name must be as it appears on your passport

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

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_

Birthplace \_\_\_\_\_ Date of Birth \_\_\_\_\_

Are you a U.S. Citizen? \_\_\_\_\_ Passport Number \_\_\_\_\_ Date \_\_\_\_\_

Social Security # \_\_\_\_\_ Driver's License # and State \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Hair Color \_\_\_\_\_ Eye Color \_\_\_\_\_

Physical identification marks \_\_\_\_\_

Spouse name \_\_\_\_\_ Spouse phone \_\_\_\_\_

Nearest relative \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

### MEDICAL INFORMATION

Doctor's name \_\_\_\_\_ Phone \_\_\_\_\_

Office address \_\_\_\_\_

Medical insurance company \_\_\_\_\_ Phone \_\_\_\_\_

Plan name and number \_\_\_\_\_ Travel coverage? \_\_\_\_\_

MEDICAL INFORMATION continued

If you are presently under a doctor's care for treatment and/or medication now or in the past two years, describe care and medication.

Describe any allergies or problems relating to food, medicine, heat or lifting.

Do you smoke or use tobacco? yes  no

Would you have trouble walking 2 miles carrying your suitcase? yes  no

If yes, explain

Describe any health problems

SPIRITUAL INFORMATION

How long have you been following Christ? \_\_\_\_\_ How long at your current Church? \_\_\_\_\_

Positions or involvement include:

A close friend that is active at your church is \_\_\_\_\_ Phone \_\_\_\_\_

BUSINESS INFORMATION

Employer \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Your position \_\_\_\_\_ How long? \_\_\_\_\_

Describe any duties that might relate to this trip

MISC. INFORMATION

Describe any skills and proficiency

List present and past leadership positions

Foreign countries you have been to

Foreign languages you speak

Do you have a flexible work schedule? yes  no

Do you have the ability to raise funds to pay for this trip? yes  no

Will you need help to pay for this trip? yes  no

Can you help with fund-raising? yes  no

Signed \_\_\_\_\_ Date \_\_\_\_\_