



SHORT TERM MISSIONS APPLICATION

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

Name _____ Phone _____ Date _____

Address _____ City _____ State _____ Zip _____

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 _____