

**SERVE THE CHILDREN
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 _____

Email Address _____

Are you a U.S. Citizen? _____ Passport Number _____ Date _____

Height _____ Weight _____ Hair Color _____ Eye Color _____

Physical identification marks _____

Spouse name _____ Spouse phone _____

Nearest relative _____ Relationship _____

(Emergency contact)

Address _____ Phone _____

MEDICAL INFORMATION

Doctor's name _____ Phone _____

Office address _____

Medical insurance company _____ Phone _____

Plan name and number _____ Travel coverage? _____

If you are presently under a doctor's care for treatment and/or medication, describe care and dosage of the medication (attach additional pages if needed). _____

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

Do you smoke or use tobacco? _____

Would you have trouble walking 2 miles carrying your suitcase? _____

If yes, explain _____

Describe any health problems in detail _____

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? ____

Do you have the ability to raise funds to pay for this trip? ____

Will you need help to pay for this trip? ____

Can you help with fundraising activities for the team? ____