SAMPLE APPLICATION FORM

**Short-term mission trip you are applying for: ­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

This form will be used for team selection. It will be viewed by only those selecting the team and the information will be kept confidential. Filling in this form is not a sign of acceptance on the trip you are applying for.

Please submit the following documents along with your application, or as soon as you receive them back from the relevant authorities.

1. Criminal record check
2. Working with children/vulnerable people check
3. Your personal testimony

**APPLICANT DETAILS:**

Name: ­­­

Address:

Phone:

Email:

Date of Birth:

Marital Status:

Occupation:

**MOTIVATIONS:**

1. What are the key motivations for you to go on this short-term mission trip?
2. What are your personal expectations and/or goals for this short-term mission trip?

**EXPERIENCE:**

1. Have you been overseas before? If yes, where and for what purpose (e.g. business, holidays, ministry)?
2. What skills, talents and work experience do you have?

**WORKING WITH CHILDREN:**

1. Please describe what experience you have working/interacting with children.
2. Do you have a recent:

Criminal record check? [ ]  Yes [ ]  No

Working with children/vulnerable people check? [ ]  Yes [ ]  No

If yes, please attach copies along with this application. If no, you will need to apply for these and submit prior to going on the mission trip.

1. Do you have any criminal convictions related to children, or has anyone ever made allegations against you? Please provide details.

**PERSONAL SPIRITUAL INFORMATION:**

1. When, and where, were you saved? Please also attach a copy of your personal testimony along with this application.
2. Are you a regular participant in church activities? [ ]  Yes [ ]  No

If yes, please list areas of involvement/serving (e.g. small groups, youth ministry, creative ministries, etc.):

1. What are your spiritual gifts?

**EMERGENCY MEDICAL INFORMATION:**

In the event of an accident or medical issue while on the trip, it would be helpful to have some general medical information about you. Please fill this section out carefully.

1. Please list any current medical conditions (incl. allergies) and indicate where they are severe:
2. Please list any prescribed medications you are currently taking that we need to be aware of:

3. Please give details of who to contact in an emergency:

Name:

Relationship to you:

Contact Numbers: (AH) (BH) (M)

**REFERENCES:**

Please provide the details of at least two referees that are not related to you. Ideally, this would be one reference from a church leader and one from a current employer.

Name:

Position:

Phone:

Email:

Name:

Position:

Phone:

Email:

**FINACNCIAL AND TEAM COMMITMENT:**

All short-term mission trips are self-funded and will require full payment by the specified date (usually a number of weeks before departure). Do you commit to making a full payment by the specified date, recognising that failure to do so may result in you being refused to go on the mission trip?

[ ]  Yes [ ]  No

Should you be accepted on this short-term mission trip, you will be required to attend a number of team meetings prior to departure, participate in all team activities whilst overseas (including prayer meetings, planning sessions, etc.) and debriefing sessions at the end of the trip. Do you commit to attending all required sessions, recognising that failure to do so may result in you being refused to go on the mission trip?

[ ]  Yes [ ]  No

In signing below, I accept the above stated conditions.

Applicant’s Signature:

Date:

(Please note: If applicant is under 18 years of age, parent or legal guardian’s signature)

In signing below, I accept the above stated conditions on behalf of: ­­­­­­­

Parent/Legal guardian Signature:

Date: