



Mission Mobilization International
PO Box 3108
Monument CO 80132

Telephone 719-761-6258
Email missionmi@hotmail.com
www.missionmobilization.org

Attach
Photo
Here

Application for Short-term Missionary Service

Have you been on a previous mission trip with MMI? Yes <input type="checkbox"/> No <input type="checkbox"/>
Where/Dates:

PLEASE PRINT CLEARLY

PAGE 1 OF 4

Full Name:		Date	
E-Mail Address:			
Permanent Address:		Ph:()	
City:	State:	Zip:	
Age:	Weight:	Height:	Date of Birth: / /
Single:	Married:	Spouse's Name:	
Passport Number:		Place & date of issue:	
Languages you speak:		T-Shirt Size:	

Home Church:		Ph:()	
Address:			
City:	State:	Zip:	
Pastor's Name:			

Place of employment:		Ph:()	
Address:			
City:	State:	Zip:	
Present occupation:		Position:	

Allergic to any medication/chemical? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please explain:
Under physicians care at present? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Taking medications?	What?
Do you use tobacco products? Yes <input type="checkbox"/> No <input type="checkbox"/>	Alcohol: Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes , are you willing to refrain from use of alcohol and tobacco for the duration of this trip?	
Are you willing to refrain from gambling on this trip? (circle) Yes No	

*****RETURN PAGES 1 - 4 TO ADDRESS AT TOP OF PAGE*****

****** PLEASE ATTACH CURRENT PHOTOGRAPH******

<i>In Case of Emergency, Please Contact:</i>		
Name:	Relation:	Ph:()
Address:	State:	Zip:
Insurance Company and Policy No.:		
Your Physician:	Address:	Ph: ()

My insurance policy does cover Emergency Medical Evacuation. Yes No If yes disregard next question.
 Have you purchased the Overseas Traveler's Protection Plan? Yes _ No

_____ Please sign if you are covered for Evacuation _____ Date

If No, You **MUST** purchase ***The Overseas Traveler's Protection Plan***. For more information please visit their website: www.otplan.com You must be covered for evacuation from the country you will be in.

Dates of trip which you are applying for:	Country:
Have you ever been overseas before: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes , please list:	
Have you ever been on a short-term missions trip before? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes , please list countries and organizations:	
Check with your county health department for a list of immunizations for the country you will travel to.	
Dates of your last immunizations: (if any)	
Tetanus: / /	Typhoid: / / Hepatitis A: / /

Other immunizations:

Medical background: EMT <input type="checkbox"/> Paramedic <input type="checkbox"/> Other <input type="checkbox"/> _____
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****To Avoid Delay In Application Approval, Please Answer Each Section Completely****

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Applicant's Name:

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If you have gone on a short-term mission trip with MMI, and have your testimony on file- please check here and only answer question 4.

1. Describe your conversion experience:

2. Describe your understanding of the work of the Holy Spirit:

3. Describe your current relationship with God:

4. Describe what you feel your purpose for this mission trip is to be:

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Release of Liability

I, the undersigned individual, am making a mission trip under the auspices of Mission Mobilization International. As such, they have and will give direction and guidance in my personal safety. They have informed me of any potential risks associated with all international travel as well as specific travel to my ultimate destination.

In addition, I hereby release Mission Mobilization International and/or its Director, Randy Green, and/or its board of directors, agents, employees, or volunteer assistants from any liability whatsoever arising out of any accident, sickness, death, damage or loss which may be sustained by said person during the course of/or involvement with Mission Mobilization International.

Signature

Date

Team Leadership

The team will be under the leadership of Mission Mobilization International. The mission will appoint a person as team leader in every outreach. You will be notified who the leader of the team will be.

I agree to work under the leadership of the designated leader.

Signature

Date

Authorization for Medical Treatment

In the event of illness or injury while on this trip, I agree to the performance of such treatment, anesthesia, and operation, which in the opinion of the attending physician is deemed necessary. I hereby accept full responsibility for any and all expenses for medical treatment and medicines that may incur during this mission trip.

Additionally, I accept full responsibility for any expenses related to an illness or injury resulting from my time on this mission trip which might become evident after my return home.

Signed by me this the _____ day of _____, year _____

Signature

Printed Name

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To be returned by pastor to the
address on the left of this page.
80132

To Be Filled Out by Applicant's Pastor

Pastor's Name:	Date:
Church Name:	Phone: ()
Signature:	

The following has made application to us for a short-term mission trip. We ask that you please answer the following questions based on your knowledge of this applicant so that we can fully consider them for this service.

Applicant's Name:

1. Do you think the applicant is spiritually and emotionally mature enough to successfully handle a short-term mission trip into a third world country?

2. Do you think the applicant would function well as a team member?

3. Is there any reason you know of why the applicant would not be fit for mission service...either physically, mentally, emotionally, or spiritually?

*****PASTOR, PLEASE RETURN TO ADDRESS AT THE TOP OF THIS PAGE*****
