

Mission Team Application



Date of Application: _____

**All Applications must be approved by our administration and are subject to space availability.
To secure your spot, please forward your Application, with a 2x2 Photo and \$100 Registration Fee to:**

PO Box 1841, Ontario, CA 91762

CONTACT INFORMATION

Name: _____ Nickname: _____
First Last

Address: _____

City: _____ ST: _____ Zip: _____

Country: _____ Email: _____

Phone(s): _____

Marital Status: Married Single Other _____

Spouse's Name: _____ Is Spouse or another family member going? Yes No

Name of Family Member(s): _____

Mission Trip Applying For: _____

Briefly explain why you want to serve on this Mission's Team: _____

Have you been on a mission trip before? Yes No

If yes, where: _____

Do you believe in Jesus Heals today? Yes No

Do you believe God uses sickness to teach us something? Yes No

Do you believe in the Baptism of the Holy Spirit? Yes No

Can you afford your Financial Responsibility of this trip ? Yes No

PASSPORT INFORMATION

Please enclose (2) Copies of Passport With This Application

Do you have your passport? Yes No Applying

Name On Passport: _____ Passport #: _____

Passport Issue Date: _____ Passport Expiration Date: _____

Passport Issuing Country: _____

Are you a U.S. citizen? Yes No

Nationality: _____ Gender: _____ Birth Date: ____/____/____

EMERGENCY CONTACT INFORMATION

Primary Contact

Name: _____ Relationship: _____

Phone: _____ Email: _____

Secondary Contact

Name: _____ Relationship: _____

Phone: _____ Email: _____

HEALTH / MEDICAL INFORMATION

Foreign mission trips can be strenuous with long hours, doing work that you are not use to, living in less than normal housing. Do you have any health issues that might be a factor in limiting your participation?

Yes No

IT IS VERY IMPORTANT THAT YOU INFORM US OF ANY SEVERE MEDICAL/HEALTH ISSUES.

Health Concerns: _____

Dietary Restrictions (For medical reasons not preferences): _____

Allergies: _____

Are you taking any Medications? _____

Other Considerations: _____

MINISTRY INFORMATION

Do you have any Musical Talents? _____

Do you know what Spiritual Gifts you excel in? _____

Do you know where you excel (are passionate about) in Ministry? (*i.e Prayer Ministry, Worship, Drama, Speaking, etc.*) _____

Do you have and Special Interests or Talents? _____

Are you prepared to Share Your Testimony? Yes No

Anything else we should know? _____
