

Trip Application

Short-term Missions

(Please return this form to the Registration Drop Box. Use back of application if necessary)

Name: _____ E-mail: _____

Address: _____ City _____ ST ____ Zip _____

Home Phone: _____ Work: _____ Cell: _____

Age: ____ Birthday: _____ Sex: ____ Male ____ Female ____ Marital Status: ____ Single ____ Married

MISSION SITE: _____ **Date of Trip:** _____

**There are space limitations for each trip, which could result in an applicant not being selected.*

Have you had previous experience in Mission? Explain.

Why did you choose to participate in this project?

What is one thing you are hoping to accomplish? What are your expectations?

Describe your relationship with Jesus Christ and how you are developing.

What are your greatest strengths? Weaknesses?

Do you have any concerns or hesitations in participating in this project? Describe.

What are some of your skills, talents, gifts? (*Specialized license, languages?*)

Faith Church

Dyer – Cedar Lake - Valparaiso

219.864.0300 – www.faithchurchonline.org

In case of emergency, please contact the following:

Name: _____ Address: _____

Phone: _____ Relation: _____

General Health Statement: It is important that we be aware of any physical limitations or problems that you have.

Do you consider your physical condition to be:

Rugged and vigorous: ____ Good Health: ____ Fairly Healthy: ____ Limited: ____

Do you have any physical or emotional conditions requiring attention, medication, or modification of workload?

Do you take any prescribed medications? If so, please list:

Are you interested in coordinating a mission trip? ____yes ____ no

Signature: _____ **Date:** _____

Parent or Legal Guardian Signature (if under 18 years): _____

Committee Use only:

Deposit received: _____ yes _____ no Amount \$ _____

Background Check completed: _____ yes _____ no

*Application approved: _____ yes _____ no

Waiver of Liability: _____ yes _____ no

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