

SHORT TERM TEAM APPLICATION

Personal Data

Name: _____

Address: _____

Telephone: _____

Date of Birth: _____

Email Address: _____

Any medical conditions or allergies we need to be aware of?

Passport Number: _____

Nationality: _____

Passport Issue Date: _____

Passport Expiration Date: _____

Emergency Contact Information

Emergency Contact Name: _____

Relationship: _____

Emergency Contact Phone Number: _____

Emergency Contact Email: _____

Spiritual Background

Please describe how you came to have a personal relationship with Jesus Christ.
(Use a separate page if necessary)

In your own words, what do you think it means to follow Jesus Christ?

Team Information

Have you been overseas before? If so, where?

Why do you want to be a part of this trip?

What are some of your expectations, fears, and apprehensions about going to another country to serve?

Please name three of your personal strengths and how you will use them to serve our team.

Please name three of your personal weaknesses, how they may affect our team, and what you will do in response to them.

Ministry Background

What type of ministry have you been involved in? What have you learned?

What other mission or areas of serving have you been involved with?

Team Commitment

1. Do you agree to attend all of the training sessions prior to our departure?
2. Do you agree to complete all training assignments prior to our departure?
3. Read the following statements, then sign and date

I realize that being a part of this team is a responsibility as well as a privilege.

I commit myself to...

- Daily cultivating my walk with the Lord.
- Being part of the team
- Being an ambassador of Jesus Christ wherever I go.
- Obeying the direction and leadership of the people leading the trip.
- Proactively serving during training, the trip, and at home.
- Being culturally sensitive to my host culture at all times.
- Completing all tasks and studies as directed by the leadership of this team.
- Meeting my portion of the team costs either through support raising and personal payment.

Signature _____

Date _____

Parent/Guardian (if under 18 years of age) _____

Date _____