

APPLICATION FOR SHORT-TERM MISSION TRIP

Name	Toda	Today's Date:	
Address			
City			
Email	Cell		
Date of Birth	Beneficiary		
Spouse Name	Spouse Phone _		
Names & Ages of Children			
PASSPORT INFO			
Passport Number	E	Expiration Date	
City & State Issued			
Name as it appears on Passport			
Gender () Male () Female	Marital Status	() Single () Married	d
EMERGENCY CONTACT			
Name	Relation	onship to you	
Address			
City			
Email	Cell		
Parent's Name(s) (If you are under 18 years old or livi	ng at home)		
QUESTIONNAIRE			
Cost of trip	Location of Trip		
Please indicate any foreign language, trainii	ng, special skills, or Christ	ian service experience t	hat you
feel may be helpful on the field:			
Please list Missin Trip Experience(s):			
Country/State Mission/Organiza	tion Ministry		Dates
() GM Member? How long	() Attendee () 0	Other:	

List the ministries with which you have been involved at GM, in	cluding time of involvement and any
leadership positions held.	
Place in order, your spiritual gifts	
Please share your salvation testimony. Please include how long	
were saved, and describe your walk with the Lord at the present	time.
Driefly describe why Cod is colling you to portion at an this trin	
Briefly describe why God is calling you to participate on this trip	•
REFERENCES	
Your reference should be a GM pastor or GM leader in the minist	try in which you are currently serving.
Someone who knows your ministry abilities as well as your stren	
Name Relat	ionship
Email Cell _	
I recommend that the above named person be accepted for the Mission Trip described, as so st him/her in every way possible.	
Referenced GM Pastor/Leader:	
Signature	Date
Applicant Signature: I certify that the above information listed in this application is true	e and accurate according to my knowledge.
Signature	Date