

Mountain Life Church

Short Term Mission Trip Application

Mission Trip Location:

Trip Dates:

Part I: General Information

Name (as it appears on passport): _____ DOB: _____ Age: _____

Street Address: _____

City: _____ State: _____ Zip: _____ Marital Status: _____

Home Phone: _____ Cellular: _____ Occupation: _____

Email: _____

Passport #: _____ Place of Issue: _____

Date of Issue: _____ Date of Expiration: _____

Please attach a copy of your passport

Part II: Health & Emergency Information

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1. Do you have any medical conditions or physical disabilities that might limit your ability to travel? (Examples: difficulty standing for long periods of time, walking/hiking long distances, lifting luggage, reaction to severe climate changes or weather conditions, dietary restrictions, conditions for which you are under a doctor's care, etc.)

2. Are you taking medication regularly? Yes___ No___ If yes, please explain and list medications:

3. Do you have any allergies? Yes___ No___ If yes, please explain:

4. Are you covered by health insurance? Yes___ No___ If yes, please provide insurance information:

Insurance Company: _____ Policy #: _____

Phone Number: _____ Subscriber No.: _____

5. Does your health insurance cover you internationally? Yes___ No ___

Emergency Contact Information:

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Name: _____ Relationship: _____

Phone Numbers: _____, _____, _____

Email: _____

Part III: Personal Spiritual Information

1. Do you attend Mountain Life Church worship services? Yes___ No___

If yes, how long? _____

Please check the answer that best describes your attendance at Mountain Life Church:

____ Every Sunday ____ Less than 2 times per month
____ 2-3 times per month ____ Intermittent or Part-Year

If no, which church do you attend? _____

2. Describe your relationship with Christ *AND* when and how you became a Christian:

(Use back of application for more space)

3. Why are you interested in going on this mission trip?

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4. What expectations do you have for this trip?

5. In what area(s) do you want/need to grow as a follower of Christ?

6. If known, please circle the Spiritual Gifts you believe you have: *To one there is given through the Spirit the message of wisdom, to another the message of knowledge by means of the same Spirit, to another faith by the same Spirit, to another gifts of healing by that one Spirit, to another miraculous powers, to another prophecy, to another distinguishing between spirits, to another speaking in different kinds of tongues, and to still another, the interpretation of tongues. 1 Corinthians 12: 8-10*

PROPHECY GIVING MINISTRY TEACHING EXHORTATION COMPASSION
LEADING

APOSTOLIC PASTORAL WISDOM KNOWLEDGE EVANGELICAL HELPING
FAITH

HEALING PRAYER MIRACLES DISCERNMENT ADMINISTRATION TONGUES
INTERPRETATION

OTHERS _____

I DON'T KNOW MY SPIRITUAL GIFTS _____

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7. Please give the name and contact information for a pastor or Ministry Leader who knows you well and can provide a reference for you:

Name _____ Position _____

Phone _____ Email _____

Part IV: Skills – Talents – Temperament

1. Rate yourself in the following areas: (1 being weakest and 5 being strongest)

Flexibility 1 2 3 4 5 Open-Mindedness 1 2 3 4 5 Self Initiative 1 2 3 4 5 Humility 1 2 3 4 5

Listener 1 2 3 4 5 Resourcefulness 1 2 3 4 5 Team Player 1 2 3 4 5
Teacher 1 2 3 4 5

Organized 1 2 3 4 5 Submissive to Authority 1 2 3 4 5 Counselor 1 2 3 4 5
Prayerful 1 2 3 4 5

Evangelist 1 2 3 4 5 Sense of Humor 1 2 3 4 5 Endurance 1 2 3 4 5 Teachable 1 2 3 4 5

2. Do you speak a foreign language? (None, little, well, fluently) _____

3. Have you taken First Aid Training? Yes ___ No ___ If yes, please explain:

4. What ministries are you involved with at your church or in your community?

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5. Please circle the skills & talents you have listed below: (List specifics below any circled skill or talent)

Play a musical instrument
Sports

Photographer

Video Taping

Drama

Medical

Dance

Tech

Computers

Art

List others not mentioned above:

Part V: Personal Commitment

1. Do you believe you can willingly adapt to different/difficult living conditions?

(i.e., food, culture, language, bathroom facilities) Please elaborate:

2. Have you been on a mission trip before? Yes___ No___ If so where:

3. Will you commit to attend the following?

Team Building Meetings Yes___ No___

Fund Raising Events Yes___ No___

4. Can you commit to being flexible in all things? Please elaborate:

(Blessed are the flexible, for they bend and do not break!)

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5. Are you able to pay for this trip? _____ (This is not a requirement of going, only of fund raising!)

6. Do you have any concerns about this mission trip?

7. Are you willing to authorize a background screening prior to trip acceptance?
Yes___ No ___

Part V: Disclosure

Missions may expose you to vulnerable children. It is possible that some of these children may have been subjected to abuse; physical, emotional and sexual. It is therefore important for missions at Mt. Life to protect the well being of these children. Please answer the following questions. Your application and answers will be kept confidential.

1. Have you been a victim of physical abuse?

2. Have you been a victim of emotional abuse?

3. Have you been a victim of sexual abuse?

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If you answered yes, to any of the above please describe what means of healing you have sought and experienced: