

MISSION TRIP APPLICATION

Name of Mission Trip _____

Personal Information

Your Name _____

Street Address _____ City/ State/ Zip _____

Phone Numbers:

Home/ Cell/Work _____

Email _____

Date of Birth _____

Marital Status: single married separated divorced engaged widowed

Spouse's Name, if married _____

Passport (for international travel)

Country of Citizenship _____ Country of Birth _____

Do you have a passport? Yes No Passport Number _____

Issue Date Expiration Date _____

Emergency Contact

In case of emergency, please notify _____

What relationship is this person to you? _____

Street Address _____ City/ State/ Zip _____

Phone Numbers:

Home Cell/Work _____

Email _____

Spiritual Profile (use back of page if you need more space)

Please describe where you are currently in your relationship with Jesus Christ:

Church Involvement

Are you a member of UALC? Yes No If No, what church? _____

Are you a member of a Small Group? Yes No

If Yes, who is the leader? _____

Please list ministries with which you have been involved (in the format below):

Ministry Name / Length of service / Leadership Positions / Contact Name / Church/Organization

Your Story (use back of page if you need more space)

Please share your story and your relationship with God:

Motivation

Please explain briefly what you hope to experience on this mission trip and why you want to participate:

Health

Describe your current level of health: Excellent Good Average Poor

Please list any major illnesses you have had in the last 5 years

Please list all medications you are currently taking _____

Please list all allergies you have _____

Name/Phone # of your primary care physician? _____

If you are under the care of a physician, please explain _____

Are you a smoker? Yes No

Field of Service

List any foreign languages you speak:

Language _____ Proficiency: Fluent Good Fair

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Language _____ Proficiency: Fluent Good Fair

What skills, talents or experience do you have that will be helpful on this trip:

Why do you want to participate in this trip:

Previous Mission Trips/Experience (in the format below):

Country / Church / Organization or Ministry / Dates of the Project / Team Leader

Will you need help raising the funds for this trip? Yes No

References

Please provide **two** references

First Reference Name _____

Relationship to you _____

Street Address _____ City State Zip _____

Phone Numbers: Home/Cell/Work _____

Email _____

Second Reference Name _____

Relationship to you _____

Street Address _____ City State Zip _____

Phone Numbers: Home/Cell/Work _____

Email _____

Commitment

If selected to be a part of a UALC team, I make the commitment to:

Go through the training process prior to departure and after I return from the trip.

To conduct myself in a manner worthy of the Lord while serving Him on the project.

Submit to the authority of the team leader and the host on the field

Refrain from any behavior that may compromise my witness, such as abusive language, drug use, and others.

Authorization

I authorize the Mission Team Leadership to contact my physician in the event that questions about my health/condition arise. Additionally, if at any time while on the project my behavior, health or non-disclosed information constitutes a problem, the team leader has the authority to ask me to return home. Any additional costs incurred as a result of this action will be at my cost.

Signature: _____

*****Please send this application to your trip leader with the following items: a photocopy of your passport (for international travel) , both sides of your medical insurance card, and a \$125.00 deposit (checks made out to UALC Missions and mark for which trip, i.e. Morocco, Alaska, China, Haiti, or Honduras).**

After receiving these documents and fee, your application will be sent to a team for prayer and discernment.

Thank you for your willingness to be involved in this most important work.