

Short-Term Missions Trip Application

Destination: _____ Date: _____

FIRST THINGS:

Fill out this application and return it to the church office with a check made payable to The Vail Church in the amount of \$200, which will be returned if you are not selected for the team.

Make a copy of your passport for international airline tickets. If you do not have a passport please start the process at: <http://travel.state.gov/passport/>

As an individual you are expected to raise the majority of your financial support for the trip.

- A small portion of the total trip cost is raised through various fund raisers throughout the year.
- For more information about fund raising visit www.thevailchurch.com/missions and click on fund raising information.

GENERAL INFORMATION (PLEASE PRINT)

Name (as printed in passport for airline tickets) _____

Address _____

City _____ State _____ Zip _____

Phone _____ Mobile Phone _____ Email _____

Age _____ Gender _____ Nickname _____

Citizen of what country? _____ Do you have a valid Passport? _____

Passport # _____ Expiration date of passport _____

Date of Birth _____ Marital Status _____

Spouse's Name _____

Children's names and ages _____

SPIRITUAL INFORMATION

Is The Vail Church your home church? _____

What services do you attend? _____

If not, where do you attend? _____

How long have you attended? _____

Have you participated in a mission trip in the past or had any cross-cultural experiences? _____

Where and what? _____

What ministries are you involved with at The Vail Church? _____



Short-Term Missions Trip Application

What do you think your spiritual gifts are? _____

Please list two people & contact info who know you and your spiritual walk for a reference:

1. _____

2. _____

Please share your testimony below:

WORK EXPERIENCE/TALENTS

Where are you employed? _____

Position? _____ How long? _____

Do you speak any foreign language and at what level? _____

Please list any specific talents that you have. (singing, instrument, puppets, construction, medical, teaching, etc...)

HEALTH INFORMATION

Do you have or have you ever had:

Fainting Spells? ____ Heart Problems? ____ Diabetes? ____

Eating Disorders? ____ Respiratory Problems? ____ Seizures? ____

Do you have any condition, which might affect your ability to fully function as a missionary on this trip? (ie., fear of flying, depression, anxiety, sleeping disorders)?

Do you have any chronic illnesses or allergies? ____ If yes, explain: _____

Are you presently under medication prescribed by a doctor? ____ If yes, explain: _____

Have you ever had any psychiatric care or treatment? ____ If yes, explain: _____

Short-Term Missions Trip Application

Does your health insurance cover you overseas? ____

How would you describe your health and fitness? Excellent, good, average, needs work

Personal Information:

What are your expectations for this trip?

If you are in a dating/engaged relationship, is this person applying to serve on the same mission team? ____

How does your family feel about you going on this trip? _____

Have you been involved with any of the following within the past year?

Alcohol/Tobacco? ____

Illegal Drugs? ____

A Cult or the Occult? ____

Criminal Activity? ____

Have you ever been convicted of a crime? ____ if Yes, explain: _____
