



## APPLICATION TO JOIN A SHORT TERM MISSION TEAM

### About Me

Full Name (exactly as it appears on passport): \_\_\_\_\_

Address, City, State, Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth (month/day/year): \_\_\_\_\_

Marital Status: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

Citizenship: \_\_\_\_\_

Passport Number: \_\_\_\_\_

Passport Expiration (month/day/year): \_\_\_\_\_

Employer: \_\_\_\_\_

### About This Mission Trip

Application for the mission team to: \_\_\_\_\_

Previous short-term mission experience: \_\_\_\_\_

Languages you speak: \_\_\_\_\_

List any special abilities or skills that would be helpful to this mission (e.g. music, construction, teaching): \_\_\_\_\_

\_\_\_\_\_

If accepted, do you have any concerns regarding being part of the team or nature of the mission? \_\_\_\_\_

\_\_\_\_\_

### Spiritual Life

Describe the present status of your relationship with Jesus: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Explain why you want to participate in this mission: \_\_\_\_\_

\_\_\_\_\_

In what ways do you feel you can make the greatest contribution to the mission? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe your past and present involvement at TLC (especially in outreach and missions): \_\_\_\_\_

\_\_\_\_\_



## Medical Information

Describe your general health condition. Be sure to include the dates and results of any problems encountered with hypertension, heart attack, heart surgery, Hepatitis, angina, HIV, AIDS, and stroke. \_\_\_\_\_

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List the medications (especially prescriptions) that you take (generic name, strength, and frequency of dosage):

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Known Allergies: \_\_\_\_\_

Describe any other medical conditions that a doctor might need to know about during the trip: \_\_\_\_\_

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Personal Physician's Name, Phone, and Email: \_\_\_\_\_

List any concerns about travel that your physician or another medical professional has advised you of? \_\_\_\_\_

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Name of Insurance Provider: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Blood Type: \_\_\_\_\_

## Finances

Are you willing to take responsibility for raising the necessary funds for the trip? \_\_\_\_\_

How much financial assistance do you estimate you'll need, if any? \$ \_\_\_\_\_

## Emergency Contact

In the event of an emergency, whom should we notify? \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## References

If this is your first short term mission with TLC, list three individuals who are willing to provide a verbal character reference (e.g., employers, coaches, co-workers, teachers or pastors who know you well; no family).

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_