Leader’s Resource L1

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Recent

Picture

**Short Term Missions Trip Application**

**Date and name/place of trip:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Today’s date: \_\_\_\_\_\_\_\_\_\_\_**

***Personal***

1. Mr./Mrs./Miss \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(first) (last) (middle name/initial) (name you go by)

2. Current Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(City) (State) (Zip/Postal Code)

Phone ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Permanent Address (if different from above)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(City) (State) (Zip/Postal Code)

4. Birth Date: Month\_\_\_\_\_ Day\_\_\_\_\_ Year\_\_\_\_\_\_ Age \_\_\_\_\_\_ 􀂁Male 􀂁Female

5. Country of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Country of Citizenship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. ⃝ Never Married ⃝ Engaged ⃝ Married ⃝ Widowed ⃝ Separated ⃝ Divorced

If married, spouse’s name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your spouse support your participation? ⃝ Yes ⃝ No

7. Person to contact in case of emergency

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship\_\_\_\_\_\_\_\_\_\_ Phone ( ) \_\_\_\_\_\_\_\_

EDUCATION

1. Are you presently attending school? ⃝ No ⃝ Yes Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

High School Graduate: ⃝ Yes ⃝ No

College Graduate: ⃝ Yes ⃝ No

Post College studies: ⃝ Yes ⃝ No

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2. What language(s) do you speak? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Do you have further educational goals? If so, please explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TRAVEL

1. Do you now have:

A Certified Birth Certificate ⃝ No ⃝ Yes

A Current Passport ⃝ No ⃝ Yes

If yes, Passport # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Place Issued: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date issued: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CHURCH BACKGROUND

1. Name of your church \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. How long have your regularly attended this church? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Are you a member of this church? ⃝ Yes ⃝ No

EXPERIENCE/SKILLS

1. Previous evangelism and/or missions experience: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Previous cross-cultural exposure: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Practical skills (such as construction, technology, painting, etc.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Creative skills (such as puppets, juggling, conjuring tricks, music, etc.):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Please briefly answer the following questions on a separate sheet of paper:

1. Describe significant factors and people in your development as a Christian.

2. What are your strengths and weaknesses?

3. Why do you want to participate in this short-term missions trip?

Signature below will indicate the following:

- All the information I have provided in this application is true to the best of my

knowledge.

- This is to certify that I will not hold Mountain View Community Church (MVCC) liable for injury, disease, or delay of return, or any other claims, while under the auspices of Mountain View Community Church.

- I understand that while on site I am acting as a representative of Mountain View Community Church, and I agree to conduct myself in a manner consistent with MVCC doctrine and practice.

- I further understand that by organizing this mission opportunity, MVCC assumes a measure of responsibility for my well-being while I am on site. To that effect MVCC will designate a leader for the duration of the trip. I agree to accept the authority of that leader as the authority Mountain View Community Church and to place myself under that authority.

- Should my actions warrant, the leader of the trip, after appropriate consultation with MVCC, has the authority to arrange for my immediate transportation to North America. In the event of such a situation, I am responsible to pay my airfare and will not receive reimbursement for any travel or trip expenses.

Applicant’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please return this form to the Missions Team Leader

Leader’s Resource L2

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**HEALTH INFORMATION FORM**

THE INFORMATION ON THIS FORM IS PROTECTED HEALTH INFORMATION, AS IDENTIFIED BY THE HEALTH INSURANCE PORTABILITY ACCOUNTABILITY ACT (US). SUBMIT THE COMPLETED FORM WITH YOUR APPLICATION TO THE MISSIONS TEAM, WHO WILL PASS IT ON TO THE TEAM LEADER(S). THESE PEOPLE WILL KEEP THIS INFORMATION CONFIDENTIAL AND WILL DESTROY THIS DOCUMENT AFTER THE TRIP. APPLICANTS MAY CHOOSE TO LEAVE SOME ITEMS BLANK.

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Last First Middle) (Month / Day / Year)

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Address City State/Zip Code)

Social Security Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Height: \_\_\_\_\_Weight:\_\_\_\_ Blood Pressure: \_\_\_\_\_\_/\_\_\_\_\_\_Type\_\_\_\_\_\_ Sex: 􀂁 M 􀂁 F

In Case of Emergency, notify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Relationship

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_

Address (City State/Zip Code) Phone

1. Have you had a serious illness, had surgery performed or been hospitalized in the last year? ⃝ No ⃝ Yes

2. Do you have any known allergies? ⃝ Bee Stings ⃝ Penicillin ⃝ Sulfa Medication

⃝ Other

3. Do you have any dietary restrictions, food allergies or convictions regarding types of food?  
 ⃝ No ⃝ Yes

4. Are you currently using any medications? (include prescription and non-prescription

drugs, dietary supplements, herbs, etc.) ⃝ No ⃝ Yes

5. Will you have these medications with you on the trip? ⃝ No ⃝ Yes

Leader’s Resource L2

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6. Are you currently receiving medical treatment or under medical observation for anything?  
 ⃝ No ⃝ Yes

7. Have you ever been treated for (or are now suffering from) emotional difficulties? (eating disorders, depression, anxiety, phobias, etc.) ⃝ No ⃝ Yes

8. Do you have any other limitations or significant health conditions which may affect your involvement with MVCC or which you believe your physician would want us to know about?  
⃝ No ⃝ Yes

9. Do you have any communicable disease? ⃝ No ⃝ Yes

10. Do you have any chest, back or joint pain? ⃝ No ⃝ Yes

**NOTE: If you check "yes" to any of the above, please explain briefly on the back of this sheet.**

**IMMUNIZATIONS:** List the date of your most recent immunization for the following:

Hepatitis A \_\_\_\_\_\_\_\_\_\_\_ Tetanus \_\_\_\_\_\_\_\_\_\_\_ Hepatitis B \_\_\_\_\_\_\_\_

Physician's Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Office Phone: (\_\_\_)\_\_\_\_\_\_\_\_\_\_\_

**EMERGENCY MEDICAL PERMISSION:** This is only for emergency situations should the individual be incapable of making rational decisions, or is a minor whose parents cannot be immediately reached. In any situation, every effort will be made immediately to reach the person to contact listed on the application.

In the event that an emergency arises, I give MVCC permission to authorize anesthesia, surgery and/or procedures deemed necessary at the time.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NAME OF APPLICANT (Please print!)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SIGNATURE OF APPLICANT**

**NOTE**: Parent or Legal Guardian's signature is required if you are single and under 19

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARENT OR LEGAL GUARDIAN RELATIONSHIP

Leader’s Resource L3

**SHORT-TERM TEAM COVENANT**

As a member of a MVCC team, I will be committed to:

* The Lordship of Jesus Christ and the authority of Scripture.
* Active participation in the activities of this trip as directed by the host and MVCC team leaders.
* Adaptability to different cultural and social environments.
* Sensitivity to local believers regarding dress codes and standards of living.
* Emotional, social, and spiritual growth.
* A life-style based on biblical teaching.

**I affirm this Covenant.**

Applicant's Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Leader’s Resource L4

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**CONFIDENTIAL REFERENCE EVALUATION**

REFERENCE FORM (TO BE FILLED OUT BY PASTOR, YOUTH LEADER, OR OTHER NON-FAMILY MEMBER AS APPROVED BY TEAM LEADERS)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has applied to Mountain View Community Church to be a member of a short-term missions team. In order for us to assess issues of group dynamics and enhance the spiritual formation potential of this ministry opportunity, would you prayerfully respond to the following questions? Any information given by you will be kept confidential. Thank you!

How long have you known the applicant?

Do you believe the applicant to be a genuine believer? How long? On what basis?

Please indicate the option that best applies to each area specified:

**Strongly Agree** (SA) **Agree** (A) **Neutral** (N) **Disagree** (D) **Strongly Disagree** (SD)

**Shows a Biblical Attitude Toward Authority**

SA \_\_\_\_\_ A \_\_\_\_\_ N \_\_\_\_\_ D \_\_\_\_\_ SD \_\_\_\_\_

**Shows Leadership Ability**

SA \_\_\_\_\_ A \_\_\_\_\_ N \_\_\_\_\_ D \_\_\_\_\_ SD \_\_\_\_\_

**Has Demonstrated a Consistent Spiritual Life**

SA \_\_\_\_\_ A \_\_\_\_\_ N \_\_\_\_\_ D \_\_\_\_\_ SD \_\_\_\_\_

**Is Able to Be Flexible in the Face of Adversity/Difficult Circumstances**

SA \_\_\_\_\_ A \_\_\_\_\_ N \_\_\_\_\_ D \_\_\_\_\_ SD \_\_\_\_\_

**Is Prudent Regarding Their Conduct With Opposite Sex**

SA \_\_\_\_\_ A \_\_\_\_\_ N \_\_\_\_\_ D \_\_\_\_\_ SD \_\_\_\_\_

**Is Considerate of Others**

SA \_\_\_\_\_ A \_\_\_\_\_ N \_\_\_\_\_ D \_\_\_\_\_ SD \_\_\_\_\_

Leader’s Resource L4

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**Is Teachable**

SA \_\_\_\_\_ A \_\_\_\_\_ N \_\_\_\_\_ D \_\_\_\_\_ SD \_\_\_\_\_

**Is Easy to Get Along With**

SA \_\_\_\_\_ A \_\_\_\_\_ N \_\_\_\_\_ D \_\_\_\_\_ SD \_\_\_\_\_

**Is Cooperative and Enthusiastic Concerning Teamwork**

SA \_\_\_\_\_ A \_\_\_\_\_ N \_\_\_\_\_ D \_\_\_\_\_ SD \_\_\_\_\_

What do you consider to be the applicant’s strong points?

What do you consider to be the applicant’s weak points?

Specific recommendation (Circle one):

Recommended Not recommended Recommended with reservations

(Please specify reservations)

7. Additional comments:

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Leader’s Resource L5

**Qualifications to consider when choosing Team Members:**

*(Not everyone has to be strong in all these areas – also consider potential for growth during preparation time)*

* Follows Christ
* Teachable – willing to receive instruction and learn
* Interested in spiritual life – desires to grow in Christ
* Considerate of others
* Respectful toward authority
* Able to work with others
* Flexibility in dealing with adversity or difficult circumstances

Leader’s Resource L6

**TRAVEL CONTINGENCY PLAN**

Team: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of departure: \_\_\_\_\_\_\_\_\_\_\_\_ Date returning: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please attach a copy of itinerary for air travel – when/where departing and arriving. (On back or attach 2nd sheet)

Phone numbers to contact if travel to site of ministry is delayed or changed.

Church office telephone number:

Missions Team contact person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

On-site team leader at destination point: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_