

WORSHIP WITH US

Short Term Mission Application

Please complete this form as fully as you can and return to the address below or email back as an attachment. All information is held in strict confidence – information on this form will only be used within our organisation for purposes related to your participation on the trip. If you have any questions, please call or email info@worshipwithus.ca

Applying to join a short term mission team does not guarantee your acceptance.

Date of Application:	(Today's date)
Destination Country:	
Date of trip (if known):	
Your Name:	
Address:	
Date of Birth*	*This is needed for insurance purposes, and also for travel in some countries.
Telephone:	Home: Cell:
Email Address:	
Emergency Contact Person:	
Emergency Phone number:	
Emergency Email address:	
Home Church:	
Pastor's Name:	
Church Address:	
Do you have a valid passport?	
Country of issue:	
Passport Number:	

<p>Do you hold a leadership position in your church? (If so, please describe)</p>	
<p>Have you participated in a short term mission before?</p>	<p style="text-align: center;">Yes No</p>
<p>If Yes, please give (brief) details:</p>	
<p>Please explain your reason for wanting to participate in this mission trip:</p>	
<p>How do you expect to minister as part of the team? (i.e. What gifts or abilities are you offering, or what do you hope to do as a team member?)</p>	
<p>If you are accepted we will need to be aware of any health concerns. (e.g. Limitations on lifting, walking, dietary or or special medication needs, etc.). Do you have any health issues which need special attention or medication?</p>	
<p>How long have you been a Christian?</p>	
<p>Please tell us briefly how you became a Christian. (If necessary continue on the back).</p>	