



# WORSHIP WITH US

## Short Term Mission Application

Please complete this form as fully as you can and email as an attachment or send to:  
Worship With Us, Box 2161 St. Marys ON N4X 1A1

**Use this form if you've been with us before.**

If you have questions, please call 289-408-8590 or email [info@worshipwithus.ca](mailto:info@worshipwithus.ca) .

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

Name as on passport:	
Date of Trip:	
Destination Country:	
Address:	
Date of Birth:	yyyy / mm / dd <small>This is needed for insurance purposes, and also for travel in some countries</small>
Telephone:	Home: Cell:
Email Address:	
Emergency Contact Name:	
Phone:	
Email address:	
Your Passport Number:	
Country of Issue:	
Expiry Date:	(yyyy / mm / dd )
Church name and Address:	
Church Phone:	

<p>What are you actively involved in at church?</p>	
<p>What are you hoping for from this ministry trip and how will you contribute to the work?</p>	
<p>Health Questions. Do you have any medical condition which will affect your ability to participate fully in this mission, or will require special consideration? Please give details.</p>	<p><i>e.g. Affecting walking, sleeping, eating, special diet, special medications, meal times, long days, travel condition (plane, vehicle, time changes).</i></p>
<p>Do you already have travel insurance?</p>	<p>YES <input type="checkbox"/>                      NO <input type="checkbox"/></p>
<p>Signature:</p>	
<p>Date</p>	