

MISSIONS APPLICATION



PROJECT APPLYING FOR _____

GENERAL

Name _____

Email _____

DOB _____

Gender _____

Marital Status _____

Address _____

Phone number _____

LOCAL AND NATIONAL PROJECTS

Driver's License number and expiration date

Name as it appears on your license _____

Are you a member of Sevier Heights? ___YES ___NO

If not, where is your membership? _____

Frequent Flyer # (if applicable) _____

Known Traveler # (if applicable) _____

Please provide a copy of your drivers license with this application.

INTERNATIONAL PROJECTS

Passport number and expiration date

Name as it appears on your passport _____

Please provide a copy of your passport with this application.

MEDICAL AND EMERGENCY

Emergency Contact Name _____

Emergency Contact Phone _____

Travel Insurance Beneficiary _____

Medical Conditions _____

Allergies _____

Medications _____

Physician _____

Physician Phone _____



ADDITIONAL

Are you a follower of Christ? ___YES ___NO

Briefly share your testimony describing how you became a Christian. *Aim for 4-6 sentences.*

Describe your current relationship with God. How are you growing, and what are you currently learning?

Are you in a small group? Who is your leader? ___YES ___NO

Have you been on any other Short Term Mission Trips? If yes, where did you go and what did you do? What other "missions" experience do you have? ___YES ___NO

Please list any skills, talents, training, occupations, or service experience you have that you feel could be helpful on this mission trip
