



Mission Team Application

Trip you are applying for: _____

Contact Information

Legal Name _____
as it appears on passport preferred name

Age _____ Date of Birth _____ Place of Birth _____

Country of Citizenship _____ SSN _____ Gender Male Female

Marital Status _____

Permanent Mailing Address _____
street

_____ city _____ state _____ zip code

Temporary/College Address _____
if applicable street

_____ city _____ state _____ zip code

Email Address _____
most used other

Phone Number _____
home cell work

Are you on Facebook? Yes No

How does your name appear on your Facebook account? _____

What is the best way to contact you? email cell phone home phone other _____

T-shirt size S M L XL 2XL

For International Teams

Do you have a passport? Yes No Passport Number _____ Expiration Date _____

If you do not have a passport it is advised to apply for one directly upon acceptance and send Extend Global a copy of the signed photo page.

For Students

Name of School _____

Year in School _____ Major (if applicable) _____

Work Information

Occupation _____ Title _____

Description _____

Church Information

Home Church _____

_____ address _____ phone number

Pastor's Name _____ Church Affiliation _____

In what ways are you involved in your church or other ministries? _____



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Health Information

Please describe your health including any physical or dietary limitations.

Do you or have you had any of the following:

- Asthma
 Psychiatric Counsel
 High Blood Pressure
 Eating Disorder
 Pregnancy
 Diabetes
 Migraine Headaches
 Nervous Disorder/Seizures
 Fainting
 Heart Trouble

Please Explain _____

Are you currently taking any medications? Yes No If yes, please list _____

Are you able to endure heightened physical activity or "rough it"? Yes No

If no, please explain _____

List any medical training or certificates. _____

Emergency Contact _____
name relationship phone number

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name relationship phone number

Primary Physician _____
name clinic phone number

Date of last tetanus shot _____ Blood Type _____

It is Extend Global's policy for team members to abstain from alcohol, tobacco, vaping and illegal drugs during the mission.

- I agree to this policy.
 I have concerns I'd like to discuss.

References Please check if you have been on a mission project with Extend Global in the past. (You do not need to fill out the references section if you have been on a previous trip with us.)

References will be sent electronically. Please be certain email addresses are correct and current.

pastor or church leader email address phone number

address

name email address phone number

address

name email address phone number

address



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Reflection Questions

Please describe your relationship with Jesus Christ.

What does your relationship with the Lord look like your everyday life?

What talents or skills do you have that the Lord can use on your outreach? (e.g. arts and crafts, music, drama, electrician, carpenter, auto mechanic, pastor or teacher)

Have you had previous experience on the mission field or traveled in a foreign country? If yes, please list countries and experiences.

What foreign language abilities do you have?

What is the correct way to be under authority and handle conflict?
