



Please
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(Required)
Head and shoulders only

Short-Term Missions Application

“Impacting Pacific Rim & Beyond”

In assessing the application form, the admissions committee considers church and community involvement. The application process is a tool for assessing each applicant. Each application is considered on an individual basis, so we encourage you to submit any information you think may be helpful to the admissions committee.

Personal Information

First Name _____ Last Name _____ Preferred Name: _____

Address _____ Apt _____

City _____ State _____ Zip _____

Email Address _____

Phone(_____) _____ Cell Phone (_____) _____ Fax (_____) _____

Gender Male Female Date of Birth ____/____/____

Are you a U.S. citizen? _____ If not, Country of Birth _____

***(If permanent resident alien, please enclose copy of green card)**

Passport Information

Do You Have a Passport? Yes No

Passport Number _____ Expiration Date _____

Name as it appears on passport _____

***If you do not currently have a passport and you would like to participate in our short term missions; we recommend that you apply for one within six months of the mission trip.**

Please write a brief explanation of why you want to participate on a mission trip?

General Information

Have you ever participated on a mission trip before? _____ Yes _____ No If Yes Where? _____

What length of program are you interested in?

__2 weeks __1 month __2 months __Summer __Other _____

What is your ministry location preference? _____



Family and Health Information

Marital Status: Single Engaged Married Widowed Separated Divorced* Remarried

If married or engaged, please give wedding date: ____/____/____ List ages of children _____

Check your answer for each of the following, giving a full explanation on another sheet for any marked "yes".

- | | |
|--|--|
| 1. Are you taking medication under a doctor's direction? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Do you require a special diet? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Do you have any chronic health problems or physical limitations? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Is there any reason you would not be able to engage in rigorous outdoor activity, primitive living, high altitudes, extreme temperatures, etc.? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Have you ever sought counseling (marital, depression or other)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Have you ever received treatment for drug or alcohol dependency? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Education and Experience Information

What is your current occupation? _____

List any specialized skills, training or certifications. _____

What is the highest level of education you have attained? _____

What college, if any, did you attend/are you attending? _____

Major Purpose of Study _____

Foreign Language(s) _____ Years Studied _____

Verbal Ability: Beginner Understand some Able to respond sometimes Advanced Fluent

Briefly describe any overseas travel experience you have had _____

Have you raised financial support in the past? Yes No

If you are unable to raise financial support, will you have the means to pay for this mission trip yourself? Yes No

List and comment on your three greatest personal strengths and weaknesses.

- | Strengths | Weaknesses |
|-----------|------------|
| 1. _____ | 1. _____ |
| 2. _____ | 2. _____ |
| 3. _____ | 3. _____ |

What do you feel that you can contribute to a team by way of abilities or talents:

- Children's Ministries Medical/Health Youth Ministry Teaching Evangelism Preaching
 Music Office Administration Construction Drama Technical Training
 Other _____

Have you discovered what spiritual gift(s) God has given you? If so, how has this been demonstrated?

Briefly describe any ministries you have been or are currently involved with. _____



CONFIDENTIAL REFERENCE

To be completed by your pastor or leader (someone in church leadership who knows you in a ministry setting)

APPLICANT DETAILS

Please fill in the following information about the potential applicant

First Name _____ Last Name _____

Please assess the applicant on the qualities listed below according to the following evaluation system.

4 - Usually 3 - Often 2 - Sometimes 1 - Rarely

Emotionally Stable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Positive Attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	4	3	2	1		4	3	2	1
Takes Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Punctual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	4	3	2	1		4	3	2	1
Communicates well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Handles stress well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	4	3	2	1		4	3	2	1
Team Player	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Faithful/Reliable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	4	3	2	1		4	3	2	1
Cooperative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Teachable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	4	3	2	1		4	3	2	1
Submitted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Responsible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	4	3	2	1		4	3	2	1
Self Disciplined	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Humble	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	4	3	2	1		4	3	2	1

Do you think participation in short term missions and ID Vision 44 would be beneficial for the applicant?

Yes No Comments: _____

Is there anything you would think helpful for us to know about the applicant?

Yes No Comments: _____

I know the Applicant: Very Well Quiet Well Moderately Well Very Little

Signature _____ Print Name: _____



CONFIDENTIAL REFERENCE

To be completed by either a personal friend, employer or a family member (someone who knows you well)

APPLICANT DETAILS

Please fill in the following information about the potential applicant

First Name _____ Last Name _____ Phone _____

Please assess the applicant on the qualities listed below according to the following evaluation system.

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	4	3	2	1		4	3	2	1

Please describe the applicants growth as a Christian.

Please describe the applicant's ability to be part of a team

Signature _____ Print Name: _____