



**PO Box 38  
CHARLOTTESVILLE, VA 22902  
434-984-1995**

## **Short Term Missions Application**

Short Term Mission Destination: \_\_\_\_\_

Date(s): \_\_\_\_\_

### **Personal Information**

Name: \_\_\_\_\_ Name you go by: \_\_\_\_\_  
( as it appears on your passport )

Home Address - Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Marital Status:  Single  Married  Male  Female

Spouse's name: \_\_\_\_\_

***Please attach a copy of your passport open to the photo page. No application will be approved without this.***

### **Employment Information**

Occupation: \_\_\_\_\_ Work phone: \_\_\_\_\_

Is it okay to call you at work?  Yes  No

Work hours: \_\_\_\_\_

**Church:**

Name of church you attend regularly: \_\_\_\_\_  
Location: \_\_\_\_\_ How long? \_\_\_\_\_ Member?:  Yes  No  
Name of Pastor: \_\_\_\_\_ May we contact him?  Yes  No  
(or Life Group leader)  
Church phone: (or Life Group leader's phone) \_\_\_\_\_  
Are you willing to forgo certain habits (smoking, drinking, etc.) while on this trip that may be offensive to other Christians? \_\_\_\_\_

**Emergency Contact Information**

Contact person: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone – Home: \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

**Beneficiary for travelers insurance:** \_\_\_\_\_

**Travel**

Have you traveled outside your home country before?  Yes  No

If, yes, where and when: \_\_\_\_\_

How do you feel you will adjust to a foreign culture? \_\_\_\_\_

\_\_\_\_\_

How will you finance your trip expenses? \_\_\_\_\_

\_\_\_\_\_

Do you prefer:  Aisle seat  Window seat

**Medical History**

Indicate if you have had any of the following:

- \_\_\_ Asthma    \_\_\_ Nervous Breakdown    \_\_\_ Leukemia    \_\_\_ Excessive Fatigue
- \_\_\_ Seizures    \_\_\_ Rheumatic Fever    \_\_\_ Tuberculosis    \_\_\_ High Blood Pressure
- \_\_\_ Hepatitis    \_\_\_ Stomach Ulcers    \_\_\_ Fainting Spells    \_\_\_ STD
- \_\_\_ Diabetes    \_\_\_ Eating Disorder    \_\_\_ Aids/HIV    \_\_\_ Severe Headaches
- \_\_\_ Cancer    \_\_\_ Psychiatric History    \_\_\_ Depression    \_\_\_ Other:\_\_\_\_\_

Medication – Please list all medications ( *name and dosage* ) you are currently taking.

None \_\_\_\_\_  
\_\_\_\_\_

Allergies – Specify any allergies to medications reactions, foods, etc. and describe.

None \_\_\_\_\_  
\_\_\_\_\_

Diet – Explain any special dietary needs:                     None

\_\_\_\_\_  
\_\_\_\_\_

Condition – Have you ever had any problem with tolerating the following?

- \_\_\_ Rigorous Outdoor Activity    \_\_\_ High Altitudes    \_\_\_ High Humidity
- \_\_\_ High Temperatures    \_\_\_ Low Temperatures    \_\_\_ Other\_\_\_\_\_

Temperament – Indicate which characteristics seem to apply to your temperament:

- \_\_\_ Impulsive    \_\_\_ High Strung    \_\_\_ Moody    \_\_\_ Calm    \_\_\_ Easy-going
- \_\_\_ Anxious    \_\_\_ Self-conscious    \_\_\_ Shy    \_\_\_ Aggressive    \_\_\_ Leader

Insurance Carrier - Name of your medical insurance carrier:\_\_\_\_\_

Does your insurance cover emergencies outside the U.S.?     Yes             No

## **Legal Waiver**

- I am aware that all positions are voluntary, without financial compensation. I agree to abide by all present and subsequent issued rules of MLI.
- I clearly understand that all expenses for this mission trip will be my responsibility. I further agree that MLI has the right to discontinue my ministry at any time at its sole discretion.
- I recognize that participation on a trip of this nature may be hazardous or dangerous. Therefore, I am, for myself, my heirs, executor, and/or administrator, releasing and forever discharging MLI and all of its officers, agents, servants, and employees, acting officially or otherwise, from any and all reason of injury, damage ( *including property damage to any of my belongings* ), loss or death which may occur from any cause including, but not limited to, any accident and/or occurrence while participating individually or with others while with this mission agency and/or on this mission trip.
- Contributions deposited with MLI from the participant or the participant's sponsors are non-refundable in the event that the applicant chooses not to participate in the program.
- The financial disbursement of these funds is at the discretion of MLI.

I have read the above and understand my commitment to participate and my financial commitment.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature of Guardian (if under 18) \_\_\_\_\_ Date \_\_\_\_\_

## **Prayer Partner**

Every person going on this trip is required to have a prayer partner. Your prayer partner should be someone spiritually mature that you can talk with and that will diligently lift you up in prayer. Your prayer partner may not be someone that is going on this trip with you. *The contact information for your prayer partner must be filled out completely before this application will be accepted.*

Name: \_\_\_\_\_ E-mail: \_\_\_\_\_  
(Required)

Phone: \_\_\_\_\_



**Ministry**

In what ways are you involved with your local church and other ministries?

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Please list any previous missions experience and include the ministry location and duration.

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Are you fluent/conversational in languages other than English?     Yes     No

If yes, which ones? \_\_\_\_\_

What types or areas of ministry interest you? (*construction projects, home visitation, working with children, working with adults, prayer walking, teaching, medical, etc...*)

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**Authorization**

The information I have given MLI is accurate and true to the best of my knowledge. I also give MLI the right to use my picture, voice and/or testimony in any form of promotional advertising materials. My enclosed signature (*and signature of my parent/guardian if I am under the age of 18*) signifies authorization

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Legal Guardian (*if under 18*) \_\_\_\_\_ Date: \_\_\_\_\_

**A non-refundable deposit of \$100.00 must be submitted with this application. The deposit will be applied to the cost of the mission trip.**

