

# SHORT TERM MINISTRY TRIP APPLICATION

Hope for the Future International

RETURN TO: SAFE HARBOR PO Box 254 ANACORTES, WA 98221 FAX (360) 588-8215

Today's date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Birthplace: \_\_\_\_\_ Citizenship \_\_\_\_\_ Passport no. \_\_\_\_\_

Pone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

If you are under 21, do you have your parents permission/blessing to apply for this trip? \_\_\_\_\_

Why do you want to go on this trip? \_\_\_\_\_

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

What ministry do you desire to do? \_\_\_\_\_

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

Do you now have the funds to make this trip, (Approximately \$ \_\_\_\_\_) \_\_\_\_\_? If no how do you plan to raise the funds? \_\_\_\_\_

Do you realize that you are responsible for all of your own expenses including travel, lodging and meals? \_\_\_\_\_ You will also be required to contribute approximately \$ \_\_\_\_\_ toward the ministry project costs, do you understand this? \_\_\_\_\_ Do you understand that it is advisable to obtain trip insurance and that you are responsible for this yourself? \_\_\_\_\_

Are you in good health? \_\_\_\_\_ Have you gone to the doctor for any reason in the last year? \_\_\_\_\_ If yes, explain \_\_\_\_\_

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

Do you use tobacco? \_\_\_\_\_ Do you use other non-prescription drugs regularly? \_\_\_\_\_ If yes, explain \_\_\_\_\_

Do you take any prescription drugs? \_\_\_\_\_ If yes, explain in detail what they are for \_\_\_\_\_

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

Physician \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_  
 Emergency contact person: Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Phone (day) (\_\_\_\_) \_\_\_\_\_ Phone (Eve.) (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_  
 Employer \_\_\_\_\_ Position \_\_\_\_\_  
 Hire date \_\_\_\_\_ Work phone (\_\_\_\_) \_\_\_\_\_ Supervisor \_\_\_\_\_

**References      Name                  Address                  Phone                  E-mail      Years Known**

1. Pastor \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Education: \_\_\_\_\_  
 \_\_\_\_\_

Are you a born again Christian? \_\_\_\_ Describe \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

What ministry experience do you have? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Do you attend church every Sunday? \_\_\_\_\_ What church ministry are you doing now? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Church Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_  
 Church address \_\_\_\_\_

Are you going through any difficulty at this time? \_\_\_\_ If yes explain \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Is there anything in your life that may hinder you from effective ministry on this trip? \_\_\_\_\_

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Are you walking in obedience to the Lord? \_\_\_\_\_

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What is your biggest concern or fear about making this trip? \_\_\_\_\_

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Have you ever been in a foreign country? \_\_\_\_\_ Describe your reason for going and evaluate your experience \_\_\_\_\_

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Are you willing to submit to the authority of the team leaders and to abide by their instructions even if you personally find them unnecessary and inconvenient? \_\_\_\_\_ (sign) \_\_\_\_\_

I understand that no gifts or funds are to be given or promised to any African child or adult. I agree to abide by this restriction (sign) \_\_\_\_\_

By signing this Application you are stating that all the information you have given is true, and you are agreeing that if accepted for the team you will abide by the terms laid out by the leaders.

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