

Mars Hill Community Church
Mission Trip Application

Date: _____ Trip: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work: _____

Email: _____

Parent/Guardian Names (youth): _____

Marital Status: _____ Birthday: _____

Spouse's name: _____

Children's names: _____

In case of Emergency, please notify:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work: _____

Email: _____

Please answer the following questions as fully as possible.

Do you have a passport? ___ Yes ___ No Passport number: _____

Employer: _____

Job Description: _____

Grade (youth): _____

What interests/hobbies do you have?

Have you accepted Jesus as your savior? Describe your present relationship with the Lord:

Are you a member of MHCC? ___ Yes ___ No How long? _____

Please list the ministries with which you have been involved in at church:

Describe activities with your youth group you have participated in (youth):

Have you ever been on a mission trip before? ___ Yes ___ No

If yes, please give details:

<u>Trip Location</u>	<u>With Whom</u>	<u>Dates</u>	<u>What you did</u>
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Why do you believe you should be selected to go on this mission trip?

What cultural or multi-cultural experiences might prepare you for this trip?

Do you speak another language?

What special qualities/skills do you think you would bring to the mission trip?

What do you hope to learn from this mission trip?

Are there any circumstances that would prevent you from being involved with classes, team building events, training, and fund raising that each team member will be expected to participate in?

___ Yes ___ No

If yes, please provide details:

Are there health-related issues that we should be aware of?

Do you understand that this is a commitment to the Lord, the Church and yourself? ___ Yes ___ No

Do you request church sponsored financial assistance to participate on this mission trip? ___ Yes ___ No

Note: Individuals going on mission trips are encouraged to provide as much of their personal expenses as possible. This will allow church funds to be available for assisting persons who feel led of God to go on a mission trip but who need financial assistance in order to participate.

List two references (other than family):

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Work: _____
Email: _____
Relationship to you: _____

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Work: _____
Email: _____
Relationship to you: _____

Youth applications require parent/guardian consent:

I (we) the parent(s)/guardian(s) are aware that our child is applying for a mission trip to _____. We agree to support and assist in the fund raising efforts wherever possible.

Parent/Guardian Signature

Date