

Hope Community Church Missions Team Application

Mission Trip _____ Date _____

General Information

Name _____ Date _____
Address _____ Gender M or F _____
City _____ Date of Birth _____
State _____ Zip _____ Place of Birth _____
Phone # (H) _____ (W) _____ (C) _____
Shirt Size (Circle One): S M L XL XXL
E-mail _____

Social Security # _____ Country or Citizenship _____
Do you have a passport? Y or N Passport # _____
Date Issued: _____ Expiration Date _____

Marital Status: Single or Married Spouse's Name _____
Names & Ages of Children _____

In case of an Emergency

Please Notify: _____ Relationship _____
Address: _____
City: _____ State: _____
Zip: _____ Phone # _____

Health Information

How would you describe your present health? Excellent Good Average Poor
Please state any major illness(es) you have had in the last five years:

List any medications that you are taking:

List any allergies that you have:

Name of primary physician: _____
Physicians phone # _____

Education/Employment Information

High School _____ Year Graduated _____
College _____ Year Graduated _____
Employer _____
Title/Responsibilities:

Field of Service

Do you speak any foreign languages Y or N which one(s) _____
Indicate any skills, talents or service experience that you feel may be helpful:

List any previous mission experience:

Country	Church/Organization	Date of Project	Ministry

Church Involment

Are you a Member? _____ Do you attend regularly _____
Are you currently part of a small group? _____
List Ministries that you have been involved with:

Spiritual Journey

On another sheet of paper, please tell where you are on your spiritual journey and why you feel the need to go on this mission's trip:

I understand that I am committing to the missions trip, its financial obligation and attendance of all training sessions and other related events. I am also giving the Global Hope Team permission to perform a legal back ground check.

Signature _____

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