

SHORT-TERM MISSION APPLICATION

page 1 of 4

MUST BE COMPLETED BY EVERY TRIP PARTICIPANT



BY GRACE ALONE
MINISTRIES

PO Box 472766
Charlotte, NC 28247
p. 704-716-5570

Mission trip preference 1:

Mission trip preference 2:

Today's Date: Day Month Year

Full Name (as appears on passport) First Middle

Last Preferred name

Country of Citizenship Social Security No. - -

Date of Birth Passport No. Exp. Date

Marital Status Spouse's Name

Children: Name Age Name Age

Name Age Name Age

Name Age Name Age

Home Address Apt. No.

City State Zip

Email Confirm Email

Home phone Cell phone

Place of Employment Job Title

What if your blood type?

Do you have any medical restrictions or disabilities that we need to make provision for?

SHORT-TERM MISSION APPLICATION

page 2 of 4

Known allergies to medications, pollen, food, etc.

Reactions to allergies

Has your reaction ever required medical care? Yes No

Do you have any recurrent health problems? (*Chest pains, kidney problems, etc.*)

Are you presently taking any medications?

In the event of an emergency notify:

Name: First Middle Last

Home address: Apt. No.

City State Zip

Email Confirm email

Home Phone Cell phone

Relationship

What languages do you know other than English?

When and how did you become a Christian?

SHORT-TERM MISSION APPLICATION

page 3 of 4

Write a description of your relationship to Christ

Why do you want to be on a short-term mission team?

What are the realistic roadblocks that might keep you from going on a mission trip?

What short-term teams have you been on before (dates, destination, organization, purpose)?

What other overseas travel experience do you have?

What gifts or abilities do you feel you bring to a team?

SHORT-TERM MISSION APPLICATION

page 4 of 4

References

Spiritual Mentor/Leader/Pastor

Name: First Middle Last

Home address: Apt. No.

City State Zip

Email Confirm email

Home Phone Cell phone

Relationship

Friend/Co-worker (Non-relative who is age 21 or over)

Name: First Middle Last

Home address: Apt. No.

City State Zip

Email Confirm email

Home Phone Cell phone

Relationship

Commitment

If selected to be part of a By Grace Alone Short-Term Team, I make a commitment to:

- Go through the training process prior to departure and after I return from this trip
- Conduct myself in a manner worthy of the Lord while serving Him on the project
- Submit to the authority of the team leader and the host on the field to outlined trip policies
- Refrain from any behavior which may compromise my witness (*i.e. abusive language, drug use, etc.*)
- Cover the expense of my airfare personally if I fail to raise sufficient funds, or if I withdraw from the team after I've been accepted

Additionally, if at any time while on the project my behavior constitutes a problem, the team leader has the authority to ask me to return home. Any additional costs incurred as a result of this action will be at my cost.

Applicant Signature _____ Date _____

Signature of parent or guardian _____ Date _____
(if applicant is under age 18)