



SHORT-TERM MISSION TRIPS APPLICATION

We are excited to know that you are interested in serving Jesus Christ through a short-term mission trip. Each person will need to fill out an application for the trip in which they wish to participate. Please write clearly and answer all questions as applicable. Attach separate pages if needed. All applications must be turned in prior to six weeks before the team departs (some teams could possibly have an earlier deadline). If your team will be going overseas, please attach a copy of your passport.

Today's Date _____

Trip Information

Mission Site Location: _____ Leader _____

Dates (Departure): mm/dd/yyyy (Return): mm/dd/yyyy

Personal Information

Full Name _____ Name you go by _____

Sex: M F Date of Birth: mm/dd/yyyy Place of Birth _____

Marital Status Single Married Other _____

Spouse's Name _____ No. of Children _____

Home Address _____

City _____ State _____ Zip Code _____

Home Phone () _____ Cell Phone () _____

Email Address: _____

Passport Number (If Applicable) _____

Expiration Date: mm/dd/yyyy Issuing Location: _____

General Information

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

How did you hear about this trip? _____

Emergency Contacts (at least two)

Name: _____ Relationship (to you): _____

Home Phone # () _____ Work Phone # () _____

Address _____ City _____ State _____ Zip Code: _____

Name: _____ Relationship (to you): _____

Home Phone # () _____ Work Phone # () _____

Address _____ City _____ State _____ Zip Code: _____

Other Information

Current Profession: _____ How Long? _____

List any professional certifications you have _____

List any languages (other than English) you have proficiency in:

Language _____ Proficiency _____

Language _____ Proficiency _____

List any other skills, training, talents, gifts (musical abilities, first aid, etc.)

Have you raised financial support in the past? Yes No

Your Walk With The Lord

How long have you attended HNW? xx years

Are you a member? Yes No

In what ways are you active at HNW?

How long have you been a Christian? _____

How did you come to know Jesus Christ as your Lord and Savior?

Ministry Service: Give a brief description of your most recent experience.

Ministry

Location

Dates

_____	_____	_____
_____	_____	_____
_____	_____	_____

How would you describe your current walk with the Lord?

What has God been teaching you recently?

Why do you want to go on this short-term mission trip?

Medical and Insurance Information

Important medical history for treating physician: _____

Medication currently being taken: _____

Allergies:

If this is an international trip what is your blood type? _____

Please explain any medical challenges that could be an issue overseas?

Medical Insurance

Company: _____

Phone number of insurance company _____

Policy Number: _____ Name of Policy Holder _____

Expiration Date: dd/mm/yyyy

Commitment

Read and initial beside each portion below.

I agree to cooperate at all times with the Team Leaders concerning the work assignments, dress code, the food, the lodging and the accommodations provided for the team and to stay with the team from beginning to end unless given permission otherwise by the Team Leaders. I will be available for any training sessions made available to me.

I understand that in order to participate in this missions opportunity that all payments must be turned in on time according to this schedule:

\$ _____ Deposit due at sign-up (nonrefundable)
\$ _____ 2nd payment due _____
\$ _____ 3rd payment due _____
\$ _____ Total payment for trip

I commit to attend all of the team preparation meeting

_____ I will need financial assistance. (Go Line Application Request must be completed for assistance.)

I do hereby voluntarily release, acquit and forever discharge the church and it's directors, officers, employees, and agents from all manner of suits, actions, demand and liabilities that may arise from my participation in this trip. I realize that there are certain health and detainment risks as well as other risks to my property and person and I willingly enter into participation in this trip with full knowledge of those risks.

Applicant Signature _____ Date: _____

Parent or Guardian (if applicant is under age 18) _____

Authorization for Medical Care of Adult

I, _____ (full name), born _____, do hereby authorize any necessary examination, anesthetic, dental, medical or surgical diagnosis or treatment by any duly licensed physician or dentist and hospital facility that may be deemed necessary should I experience any illness or accident while traveling with the short-term mission team from Houston Northwest Church, Houston, Texas, USA. This release is effective from the departure date to the return date for this mission trip. (See front page)

Authorization for Medical Care of Child (under 18 years of age)

Name of Child (under the age of 18)

Birth Date

The above named child has my permission to attend and participate in this (see front page) short-term mission trip. In case of a medical emergency, I give my permission to the medical providers selected by the team leader or their appointed person, to provide necessary medical examination, anesthetic, dental, medical, or surgical diagnosis or treatment by any duly licensed physician or dentist and hospital facility that may be deemed necessary should my child experience any illness or accident while traveling with the short-term mission team from Houston Northwest Church of Houston, Texas, SA in case I cannot be reached. This release is effective from the departure date to the return date for this mission trip. (See front page)

Signature of Parent or Guardian

Date