



## MISSION APPLICATION FORM

### APPLICANT INFORMATION

|  |                     |                  |                |           |
|--|---------------------|------------------|----------------|-----------|
| Name (exactly as appears on passport):       |                     |                  | Date of Birth: |           |
| Address:                                     |                     |                  |                |           |
| City:  | State:              | ZIP Code:        |                |           |
| Passport No:                                 | Location of Issue:  | Date of Issue:   | Expiration:    |           |
| Mobile/home No:                              | Work No:            | Fax No:          |                |           |
| E-mail address:                              | Country of Mission: | Date of Mission: |                |           |
| Church name and address:                     |                     |                  |                | Phone No: |
| Pastor's Name and address:                   |                     |                  |                | Phone No: |
| How did you hear about our mission ministry? |                     |                  |                |           |

### In which areas of ministry are you interested to participate? (Choose all that apply)

- |                                    |  |                                      |
|------------------------------------|--|--------------------------------------|
| <input type="checkbox"/> Preaching | <input type="checkbox"/> Children                  | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Prayer    | <input type="checkbox"/> Medical (lay or licensed) | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Testimony | <input type="checkbox"/> Construction              |                                      |

### EMERGENCY CONTACT (IN UNITED STATES)

|               |        |           |
|---------------|--------|-----------|
| Name:         |        |           |
| Address:      |        | Phone:    |
| City:         | State: | ZIP Code: |
| Relationship: |        | Email:    |

### MEDICAL INSURANCE

|                   |                |
|-------------------|----------------|
| Company Name:     | Policy Number: |
| Address:          | Phone:         |
| Physician's Name: |                |
| Address:          | Phone:         |

### HEALTH INFORMATION

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|--|
| List any allergies:  |
| List any medical conditions which may need special treatment (e.g., diabetes)                                |
| List any physical limitations which need special accommodation (e.g., difficulty walking over rough terrain) |
| Others:  |

### REFERENCES (IN ADDITION TO PASTOR LISTED ABOVE)

| Name | Address | Phone |
|------|---------|-------|
| 1.   |         |       |
| 2.   |         |       |

### BRIEF SUMMARY OF WHY YOU WOULD LIKE TO JOIN THIS MISSION (USE SEPARATE PAGE IF NEEDED)

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### NOTE

Please fill out and return this application, passport, 4 passport photos per country, and the specified deposit to PO Box 985, Starkville, MS 39760 no later than 90 days prior to departure. If, for any reason, **we** feel that you are not suitable for this trip, your entire deposit will be returned to you. However, if **you** withdraw from this mission, your deposit is nonrefundable. Full payment is due to the above address 10 weeks prior to departure. One-half of the payment is refundable if you withdraw within 30 days of departure. After that time, the payment is nonrefundable.