WILLINGDON CHURCH GLOBAL MINISTRIES

**SHORT-TERM MISSION – TRIP - INDIVIDUAL APPLICATION**

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| **Date of Application:** | **Place of Mission Trip:**  |
|  |  |
| **Estimated Costs:**  | **Mission Dates:**  |
| *(Willingdon Church members are asked to cover at least 50% of the trip cost. The remaining amount will be raised through group fundraising activities; however, participants are welcome to contribute more if they are able and feel led to do so.)* |  |

**PERSONAL BACKGROUND**

|  |  |
| --- | --- |
| Full Name (as it appears on passport): |  |
|  |  |
| Country of Issue: | Expiry Date: |
|  |  |
| Do you have Citizenship and a passport from another country? If yes, list country: | Expiry Date: |
|  |  |
| Full Name (as it appears on passport): |  |
|  |  |

***Please attach a copy of all passports to this application***

|  |  |
| --- | --- |
| Birthday: (mm/dd/yyyy) | Home Phone: |
|  |  |
| Work Phone: | Mobile Phone: |
|  |  |
| Email: |  |
|  |  |
| Address: |  |
|  |

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| How are you currently serving at Willingdon Church? Please describe your role in this ministry and provide the ministry leaders contact information? |
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| Please tell me what small groups you have been involved in over the last 3 years? Please provide the contact information for the small group leader(s). |
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| Please tell us about your previous Short Term Mission Experience? |
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| In your understanding what is the purpose of this mission trip? |
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| Why do you want to participate in this short-term mission project? |
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| Share a recent experience in seeking to share the Gospel? |
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| In what areas of weakness is the Lord working on in your life? |
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| What has the Lord taught you in the last six months? |
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| What has been your greatest trial or temptation? |
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| What area of your life do you need to work on to be a better member of this mission team? |
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| Is there anything currently in your life that could hinder or disqualify you from Christian ministry or from international travel? |
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| Do you have any dietary restrictions or known food allergies? If so, please explain. |
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| Do you have any allergies to any medication? If so, please explain. |
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| Do you have any other allergies (e.g. bee stings, environmental)? If so, please explain. |
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| Do you have any medical conditions? If so, please explain. |
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| Will you need to take prescription medication overseas? If so, please explain. |
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**References:** Please give us all of the following information so we can contact them

|  |  |
| --- | --- |
| Pastor: | Phone: |
|  |  |
| Teacher or Employer: | Phone: |
|  |  |
| Friend: | Phone: |
|  |  |
| Co-worker | Phone: |
|  |  |

**Emergency Contact Information:**

|  |  |
| --- | --- |
| Name: | Relationship: |
|  |  |
| Address: |  |
|  |  |
| Home Phone: | Mobile Phone: |
|  |  |
| Work Phone: |  |
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This information will be held confidential and will only be used for the purposes relating to Willingdon Church Ministries. Willingdon Church leadership, our international partners as well the Global Ministries Committee of Willingdon Church will be privy to the information. At the discretion of the team leader, and in conversation with a team member some information may be shared with the Short-Term Mission Team you are participating with. This information will be used for the purposes of due diligence, international partnership accountability and appropriate member care for all participants in the Short-Term Mission.

I declare that the information I’ve given is true and accurate to the best of my knowledge.

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| Name: |
|  |  |
| Signature: | Date: |
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