

Short Term Mission Application

Please complete this form as fully as you can and return to: Worship With Us, Box 2161 St. Marys ON N4X 1A1 or email back as an attachment. All information is held in strict confidence - information on this form will only be used within our organization for purposes related to your participation on the trip. It is important to enter accurate information about your passport and date of birth, which is needed for ticketing. Please enter all dates in the format Year/Month/Day.

Applying to join a mission team does not guarantee your acceptance.

1	Name as it appears in passport:	
2	Destination Country:	
3	Date of trip (if known):	
4	Date of Application:	(Today's date)
5	Address:	
6	Date of birth:	(Year/Month/Day)
7	Telephone:	Home:
		Mobile:
8	Email address:	
9	Emergency contact person:	
10	Emergency email address:	
11	Do you have a valid passport?	
12	Country of issue:	' '
13	Passport number:	
14	Do you have travel insurance?	
15	Are you satisfied that it gives you adequate coverage?	
16	Home church:	
17	Pastor's name:	
18	Church address:	
19	Church phone number:	
20	How long have you been a Christian?	
21	Please briefly tell how you became a C	Christian. (If necessary, continue on the back.)

22	Do you currently hold a leadership position in your church? If so, please describe:	
23	Have you participated in a short term mission before?	
24	Please give brief details:	
25	Please explain your reason for wanting to participate in this mission trip:	
26	How do you expect to minister as part of the team? (i.e. What gifts of abilities are you offering, or what do you hope to do as a team member?)	
27	If you are accepted, we will need to be aware of any health concern. Do you have any health issues which need special attention or medication, such as limitations on lifting, walking, dietary or special medication needs, etc.	
28	Please accept my application to join the ministry team for this mission.	
	Signed: Date:	