



MISSION PRAYER TEAM APPLICATION FORM

Global Mission Center

A ministry of MRC
36 Laurelwood Road
Groton, CT. 06340

PERSONAL

MISSION TRIP _____

Note: if you have been on other mission trips, ask GMC for a short-form application

FULL NAME

(First, Middle, and Last Name) _____

ADDRESS

(Street & Number City,
State, Province, Postal
Code)

PHONE _____

EMAIL _____

MARITAL STATUS _____

BIRTHDATE _____

CITIZENSHIP _____

PLACE OF BIRTH _____

Do You Have a
Passport? _____

T-Shirt Size _____

Passport Number: _____

Expiration Date _____

(Please be sure your passport is up to date. This is your responsibility!)

PARENTAL CONTACT (if under 18 years old)

Father/Mother _____

Home phone _____

Cell #'s _____

Email Address _____

EMERGENCY CONTACT

Name _____

Relationship _____

Phone # _____

Address _____

Email _____

Do you speak another language other than English?

Note: Application will not be processed unless there has been a \$50.00 deposit or a \$100.00 deposit for out-of-state. Also, all money is non-refundable and can only be applied to another mission trip.

Latest version 2.17.2015

Spiritual Information:

What church are you presently attending?

What positions and involvement do you have, or have you had, in Christian service?

Is your sexual conduct consistent with biblical standards yes _____ no _____

Do you smoke? yes _____ no _____

Do you use illegal drugs? yes _____ no _____

Do you drink alcohol? Yes _____ no _____

Do you have a criminal record that might restrict travel? Yes _____ no _____

(Admission to these questions does not necessarily exclude you from consideration)

Are you born again of the Spirit? yes _____ no _____

Are you willing to submit to authority and have a teachable spirit? yes _____ no _____

Do you attend church regularly? yes _____ no _____

Circle or highlight any skills, training, or experience you may have.

- | | | | | | | |
|---------------|-----------------|---------------------------|------------------------|-------------|--------------|---------------------|
| medical | music | drama | writing/reporting | carpentry | plumbing | electrical |
| concrete work | leading worship | visitation ministry | teaching Sunday School | crafts | video taping | photography |
| singing | painting | play a musical instrument | VBS | haircutting | preaching | children's ministry |
| teaching | cooking | solo or in choir | | | | |

Describe yourself as a person. What are your strengths & weaknesses?

Medical Information:

PHYSICIAN _____ CARE CARD# _____

Phone Number _____

Have you had any major illnesses during the past year? YES _____ NO _____

If yes, please explain

Do you take any medication regularly?

If yes, please explain. _____

Do you have any special dietary concerns? (food allergies, diabetes, etc.) yes _____ No _____

if yes, please explain _____

Please describe any other medical conditions you have that might need special attention

Are you up to date with vaccinations/immunizations? yes _____ no _____

Are you willing to take vaccinations/immunizations required for travel? yes _____ no _____

How would you rate your overall physical condition? Please check the appropriate answer.

Excellent _____ Good _____ Average _____ Fair _____ Poor _____

Do you have any physical problems that would hinder your activity? yes _____ no _____

If yes, please explain

QUESTIONS FOR PARENTS

Complete this page only when the applicant is under 18

Do you feel that your son/daughter should be involved in this mission trip? yes _____ no _____

How will your child be financially supported for this mission trip?

Please list any concerns you have about your son's/daughter's participation in this mission trip.

Parent/Guardian Name _____
Please print

Signature _____ Date _____

If, due to unforeseen circumstances, my son/daughter is unable to participate on the trip at any time (following the acceptance of this application), I realize the deposit is non-refundable!

Describe in a paragraph the following on this page, and use a separate page (if needed) and attach to the application:

- When and how you came into a personal relationship with Jesus Christ as Lord and Savior

- Your personal devotional life and your relationship with Jesus to date

- Your goal for this mission trip and what you expect to learn

- Explain why you want to go on this mission trip

COMMITMENTS

- I commit to follow the directives of group leaders/chaperones willingly and cooperatively.
- I commit to follow the dress code as specified by my leaders.
- I commit to putting Christ first and setting aside my own personal agendas to reach the goals/objectives of the team.
- I certify that all statements above are true and complete. I understand that if my conduct or character contradicts these statements, my participation in the trip may be postponed or canceled. I also agree to undergo a background check (required for all missionaries). For trips lasting three weeks or longer, I agree to complete a psychological evaluation as a condition of participation.

Applicant's Signature _____ Date _____

For office use only	
Reviewed by:	Date:
Reviewed by:	Date: