

# 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 missions trip, ask GMC for 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 (\$100.00 deposit for out of state). Also, all money is NON-REFUNDABLE and can be applied to another mission trip of your choosing within the next year.**

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**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 _____	Vac.Bible School _____	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, diabetic, 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 problem that would hinder your activity?      yes      \_\_\_\_\_ no      \_\_\_\_\_

If yes, please explain  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**QUESTIONS FOR PARENTS**

*Complete this page only when 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      \_\_\_\_\_

**NOTE:**

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 \$50.00 deposit is NON-REFUNDABLE.

In a paragraph or two, describe the following on this page and if needed use a separate page and attach to 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 missions trip

**COMMITMENTS**

- I commit to follow the directives of group leaders/chaperones in a willing and cooperative manner.
- 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 in order to reach the goals/objectives of the team.
- I agree that all the above statements are ALL true and if for any reason my conduct or character says otherwise, I may be asked to postpone my trip to a further date.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

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