

Short-Term Mission Application

Trip destination _____

Trip dates ____/____/____ to ____/____/____

Team ID number _____



Please *print* neatly...

- Name **as it appears in your passport:** _____
- Date of birth: _____ Male Female
 Married Divorced Single Widowed (*Please check one*)
- Spouse's name: _____
- Citizenship: _____ Do you have a valid passport? Yes No Applied for on ____/____/____
Passport number: _____
Expiration date: _____
- Home Address: _____
City: _____ State: _____ Zip: _____
- Church Name: _____
Pastor's Name: _____
Church Address: _____
City: _____ State: _____ Zip: _____
Church Membership Status: Member Regular Attendee Other: _____

Are you involved in any volunteer activities in your church? Yes No If so, in what capacity?

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- Employed? Yes No If so, where? _____
Work Address: _____
City: _____ State: _____ Zip: _____
Occupation or interest of study: _____
 - *Please check primary contact number*
 Home phone: (_____) _____ - _____
 Work phone: (_____) _____ - _____
 Mobile phone: (_____) _____ - _____
 - E-mail address: _____
 - Please list the closest major airport to you: _____
 - Have you had a tetanus shot? Yes No (If yes, please list the date ____/____/____)
(*Please note that tetanus shots are only valid for 10 years*)
 - Do you feel like you submit well to authority and leaders? Yes No Please explain:

● How do you anticipate this ministry will contribute to your spiritual, educational and personal goals for growth?

● Do you have any physical/health limitations? Yes No If yes, please explain:

● Are you willing to adapt to different/difficult living conditions? (i.e.: different language, food, culture, and bathroom facilities) _____

● Are you willing to submerge yourself in the local culture as much as possible and to refrain from expressing (whether by work, implication or action) criticism of the local way of doing things?

● Have you ever traveled to a different culture? Please explain:

● What foreign language(s) do you speak?

● You need to raise all the necessary funds for your trip. Are you willing to do this with some guidance?
 Yes No

● Please share your Christian testimony (include how you became a believer, the major influences on your spiritual walk and how you have grown spiritually in the past year- use additional sheet if necessary)

● What are your two or three strongest qualities?

● What are two or three traits that need to be strengthened or changed?

● What skills, talents, and abilities will you bring to the project? (i.e., experience with children, construction, a love for teenagers, talent in teaching)

● Please list two emergency contacts:

1. Name: _____

2. Name: _____

Address: _____

Address: _____

Phone: (____) _____ - _____

Phone: (____) _____ - _____

Relationship: _____

Relationship: _____

Health Insurance Information

Health Care Provider: _____

Name of Policy Holder: _____

Group # _____

Account # _____

Provider phone # (24 hour # if possible) _____

Doctor's Name: _____ Allergies: _____

● T-shirt size: S M L XL XXL (men's sizes)

● I authorize VisionTrust to use pictures of me for publications or on social networking websites:

yes no

● Code of Honor

I understand that while participating on a VisionTrust Service Team I am a representative of VisionTrust and I am also representing Jesus Christ in my words and actions. With this in mind I agree to the following statements:

- I will conduct myself in a manner that represents Jesus Christ's character.
- I will submit myself to the authority of my team leader and of VT's staff.
- I understand that if I do not conduct myself in an appropriate manner, VT has the right to send me home at my own expense.
- I understand that participating on a VT Service Team is a privilege and not a right, so I will take every opportunity to share God's love with others.

● I agree to VTI's Code of Honor and state that the foregoing information is true and accurate to the best of my knowledge and understanding. Initial _____

● VT Communication Policy: I agree to not exchange any personal information with sponsor children, local staff and translators. This includes physical address, phone number, email, Facebook and other social networking sites. I will not directly contact parties stated above. I understand that all communication must be sent through VT in the USA. Initial _____

Signature: _____

Date: _____

Please return this form with a copy of your passport along with your \$200.00 deposit to:

VisionTrust
 ATTN: Short Term Missions
 P.O. Box 50524 Colorado Springs, CO 80949-0524
 Tel: 719.268.2943 Fax: 719.528.1168
 E-mail: teams@visiontrust.org

Note: Submission of application and all requested information does not guarantee anyone a place on the team. Decisions regarding team membership are solely in the hands of VisionTrust. All information will be kept confidential.