

Hope Community Church Missions Team Application



Mission Trip _____ Date _____

General Information

Name _____ Date _____
Address _____ Gender M or F
City _____ Date of Birth ___/___/___
State _____ Zip _____ Place of Birth _____
Phone # (H) _____ (W) _____ (C) _____
Shirt Size (Circle One): S M L XL XXL
E-mail _____
Social Security # _____ Country or Citizenship _____
Do you have a passport? Y or N Passport # _____
Date Issued: _____ Expiration Date _____
Marital Status: Single or Married Spouse's Name _____
Names & Ages of Children _____

In case of an Emergency

Please Notify _____ Relationship _____
Address _____
City _____ State _____
Zip _____ Phone # _____

Health Information

How would you describe your present health? Excellent Good Average Poor
Please state any major illness(es) you have had in the last five years

List any medications that you are currently taking

List any allergies that you have

Name of primary physician _____

Physicians phone # _____

Education/Employment Information

High School _____ Year Graduated _____

College _____ Year Graduated _____

Employer _____
Title/Responsibilities _____

Field of Service

Do you speak any foreign languages? Y or N
Which one(s)? _____
Indicate any skills, talents or service experience that you feel may be helpful

List any previous mission experience

Country	Church/Organization	Date of Project	Ministry
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Church Involvement

Are you a Member? _____ Do you attend regularly? _____
Are you currently part of a small group? _____
List Ministries that you have been involved with

Agreement

I understand that I am committing to the mission trip, its financial obligation, attendance of all training sessions and other related events. I am also giving the Global Hope Team permission to perform a legal back ground check.
Signature _____

Spiritual Journey

Please tell where you are on your spiritual journey and why you feel the desire to go on this mission trip