

SHORT TERM MISSION TRIP APPLICATION
The Orchard Evangelical Free Church

Instructions:

- Complete the application using a computer, and fill in your information.
- Save completed application to your computer as ***YourLastname.teamdestination.pdf***
- Email your completed application to your team leader.

A short-term ministry trip can be used by God to extend His Kingdom around the world and build Christ-like qualities into our lives. Once you are invited to join a team for a specific trip, we will provide training to insure that those who go are prepared and qualified for the task ahead.

The Trip I am applying for is: _____ Trip Dates: _____

PERSONAL INFORMATION

Applicant's Name: _____ Date: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email: _____

PASSPORT No. & Expiration Date: _____ Birth date (mm/dd/yyyy): _____ Age: _____
(International Trip)

Citizenship: _____

Marital Status: Single Widowed Engaged Married

Known chronic medical conditions: _____

Current Medications: _____

Present Employer: _____

CHURCH BACKGROUND

Give your testimony as to how and when you became a Christian. _____

How would you describe your relationship with Jesus Christ today? _____

How long have you attended The Orchard? _____

Have you joined the membership at The Orchard? Yes No If so, when? _____

What worship service do you regularly attend? _____

Carefully read The Orchard's Statement of Faith. Can you sign without reservation? Yes No

Comments: _____

Have you had training in personal evangelism? Yes No

Briefly describe: _____

Have you had the privilege of leading someone to Christ? Yes No

Briefly describe: _____

List areas of involvement in Christian service in our church and other places:

	From	To
1.		
2.		
3.		
4.		
5.		
6.		

List past short-term mission trips/projects: _____

SKILLS, TALENTS AND EDUCATION

Describe any skills/talents/training/education you have had that will assist you in short-term missions:

REFERENCES

You must have two personal references turned in to complete the application process. If possible, one should be from an Orchard staff member, board member, teacher or leader. **List those from whom you're requesting a reference.**

Name	Relationship	Phone
1.		
2.		

MISCELLANEOUS

What foreign languages do you speak? _____

All short-term mission participants must be covered by their own health insurance. Are you covered by health and accident insurance? Yes No

Name of Insurance Company: _____

Why do you want to participate in this trip? _____

Additional comments: _____

The undersigned acknowledges that participation in the event(s) and/or activity(s) described herein also constitutes approval to be photographed and to have those photos placed in church related publications, including the church website. The undersigned also agrees that the information supplied in this application is accurate.

_____ Type your Full Name _____ Date

Minors (under 18): Please have both parents agree to your participation in this short-term mission having them type their names on the lines below.

By typing your full name in the box above you are approving the applicant's participation

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NOTE: All information contained in this application shall be deemed and kept confidential and used only for the purpose of screening the applicant for the mission trip applied for. It shall not be disseminated, distributed or published to any one person, committee or organization other than the team leader, Mission Ministry Team, Pastor of Missions and Church Board.