

## Short Term Mission Trip Application

### PERSONAL INFORMATION ( Legal name as printed on passport)

First Name: \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Passport #: \_\_\_\_\_ Exp. Date \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_

Email address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender \_\_\_\_\_

Occupation \_\_\_\_\_ Marital Status: \_\_\_\_\_

Location of trip: \_\_\_\_\_ Date of trip \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_

### CHURCH AFFILIATION

Church Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Pastor's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

### PERSONAL COMMITMENT PLEASE USE THE BACK IF NEEDED

What does Jesus Christ mean to you personally?

Why do you want to go on this trip?

What is a gift or talent that you have that can be used on this mission trip?

Please list any short mission trips that you have been on, languages you speak, ministries you are involved in, or anything else you would like us to know.

# SERVANTS OF HOPE

M I N I S T R I E S



## MEDICAL HISTORY

Do you have any medical conditions? Yes No

Do you have any chronic illnesses or allergies? Yes No

Are you currently taking any medications? Yes No

Are you allergic to anything including foods? Yes No

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

List medications: \_\_\_\_\_

Medical insurance: \_\_\_\_\_ Policy #: \_\_\_\_\_

Phone number: \_\_\_\_\_ Group or ID # \_\_\_\_\_

## COMMITMENT TO EXCELLENCE

- 1) I am responsible to Servants of Hope and their appointed representative on the mission field from the time of departure until the time of return to the United States.
- 2) I will observe a modest dress code.
- 3) I am aware that I will need to have a positive, exemplary attitude and concern for others.
- 4) I will remain safety-conscious at all times.
- 5) I understand that I may have to endure some inconveniences.
- 6) I understand that if I engage in activities which adversely affect my Christian witness, I will be subject to immediate dismissal from the team and be sent home at the first possible opportunity at my own expense.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## RELEASE OF LIABILITY

- 1) I understand that Servants of Hope requires international medical and trip/travel insurance coverage be enforced during the entire period of my volunteer service.
- 2) I agree to abide by the instructions of Servants of Hope and acknowledge that I am assisting Servants of Hope ministries.
- 3) I understand that Servants of Hope is a non-profit missionary organization and as such does not have liability insurance for any loss which may occur outside the United States.

4) I agree to save and hold harmless Servants of Hope, any church, denomination, or group associated with this trip from any and all loss or damages which may occur in connection with any Servants of Hope activity.

5) I hereby acknowledge that I do this service to God and Servants of Hope and I am not receiving any wages for this service.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**TAKE NOTE**

- A \$200 non-refundable deposit is required to be submitted with a completed application.

## BACKGROUND CHECK

**Identification Information**

Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State issued \_\_\_\_\_ Exp. Date \_\_\_\_\_

**Residence Information in the past 7 Years**

Current Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Previous Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Previous Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Have you ever been convicted of a crime other than minor traffic violations?      Yes      No

Are you currently awaiting trial, on probation, or parole?      Yes      No

If yes, please explain in the space provided. \_\_\_\_\_

I hereby certify that the information included on this form is correct and up to date to the best of my knowledge. By signing and submitting this form, I \_\_\_\_\_ authorize Servants of Hope Ministries to perform a background check using the information provided above. I understand that false, misleading, or incomplete information may be cause for the disqualification of my application with Servants of Hope Ministries.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_