

## 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: \_\_\_\_\_

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

● Employed?  Yes  No If so, where? \_\_\_\_\_

Work Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Occupation or interest of study: \_\_\_\_\_

Will your employer be matching your mission trip donation costs?  Yes  No

● 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)

**\*For the protection of the children that we serve, it is highly recommended that you are current on all suggested immunizations.\***

● Do you feel like you submit well to authority and leaders?  Yes  No Please explain:

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

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

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

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● 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?

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

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● What foreign language(s) do you speak?

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● 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)

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● What are your two or three strongest qualities?

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

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

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● 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 Mission 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 VisionTrust's staff.
- I understand that if I do not conduct myself in an appropriate manner, VisionTrust has the right to send me home at my own expense.
- I understand that I will not partake in any drugs or alcohol consumption during the missions trip.
- I understand that participating on a VisionTrust Mission Team is a privilege and not a right, so I will take every opportunity to share God's love with others.

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

● VisionTrust 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 VisionTrust in the USA. Initial \_\_\_\_\_

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

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

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

VisionTrust  
 ATTN: Short Term Missions  
 3710 Sinton Rd. #100, Colorado Springs, CO 80907  
 Tel: 719.268.2943 Fax: 719.528.1168  
 E-mail: [teams@visiontrust.org](mailto: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.