

**2009-2010 MISSIONS TRIP
APPLICATION FORM**

LAMB'S CHAPEL

Return completed application to Lamb's Chapel

First Name _____

Last Name _____

Date of Birth _____

Are you a U.S. citizen? _____ If not, country of origin _____

TEAM SELECTION

I am applying for:

Country _____

Team (Construction or Orphanage) _____

PASSPORT INFORMATION

Do You Have a passport? Yes No

Passport Number _____ Expiration Date _____

Name as it appears on passport _____

***If you do not currently have a passport, we recommend that you apply for one within six months of the trip.**

LOCAL ADDRESS CONTACT INFORMATION

Mailing Address _____

E-Mail Address _____

Cell Phone Number _____

Secondary Phone Number _____

HOME/PERMANENT INFORMATION

Mailing Address _____

Home Phone Number _____

CHURCH INFORMATION

Home Church _____

Pastor's Name _____

Phone Number _____

Years Attending _____

EMERGENCY CONTACT INFORMATION

Please provide two emergency contacts

Name _____

Address _____

Primary Phone Number _____ Secondary Phone Number _____

E-Mail Address _____

Name _____

Address _____

Primary Phone Number _____ Secondary Phone Number _____

E-Mail Address _____

REFERENCES

Please provide two personal references. One reference may be a personal friend.

Name _____

Nature of Relationship _____ Years known _____

E-mail Address _____

Phone Number _____

Name _____

Nature of Relationship _____ Years known _____

E-mail Address _____

Phone Number _____

ESSAY QUESTIONS

Answer the following questions and submit on separate sheet of paper.

Please type and double space.

1. Share your testimony/faith story. (2 page maximum)
2. Share your philosophy of local service and international service.
Do you consider these to be related? Please explain.
3. Why do you want to go to on a mission trip?
4. Describe an experience you have had working on a team. Describe a complexity in the team dynamics and how it was dealt with, positively or negatively.
5. What are your top three prayer requests concerning your involvement with this trip?
6. How do your parents/spouse feel about you participating in this trip?
7. What sources of funding do you plan to use to pay for this trip?

MEDICAL INFORMATION

State of your present health: Excellent_____ Good_____ Average_____ Poor_____

Check any of the following health conditions which apply to you:

- ___ Heart Disease
- ___ Low/High Blood Pressure
- ___ Hypoglycemia
- ___ Diabetes
- ___ Seizures
- ___ Asthma
- ___ Allergies(list below) **If yes, please list medication, dosage, and frequency:**

___ Others (explain) **If yes, please list medication, dosage, and frequency:**

Do you take prescription medication on a regular basis? Yes No

If yes, please list medication, dosage, and frequency:_____

PERSONAL DESCRIPTION:

Do you speak another language? Yes No

Please list language:_____

How do you feel about an assignment with rustic conditions, such as primitive toilets, a bath or shower only every couple of days, limited air conditioning or heat, and no option of western food? _____

Have you ever participated in a mission trip? Yes No

If so, briefly describe your experience:_____

What are your expectations for this trip experience? _____

Do you have emotional challenges? Yes No
(If yes, please explain) _____

Please indicate below the skills, training, experience and/or spiritual giftedness you have in the following areas.

MINISTRY

___ Bible Teacher ___ Evangelism ___ Music ___ Drama/Mime ___ Youth Ministry ___ VBS

HEALTH CARE

___ Physician ___ Nurse ___ Dentist ___ Chiropractor ___ Veterinarian

CONSTRUCTION

___ Carpentry ___ Electrical ___ Plumbing ___ Masonry ___ Architect ___ General Handiwork

BUSINESS

___ Accounting ___ Marketing ___ Management ___ Computers ___ Manufacturing

OTHERS/Spiritual Gifts

___ Health & Fitness ___ Sports ___ Counseling ___ Cosmetologist

I fully realize that I will be going to _____
as a representative of Jesus Christ and LAMB'S CHAPEL, and I will conduct myself accordingly. I am willing to participate in any way that I am called upon within my physical abilities.

Signature Date

