



Short-term Missions Team Application

Applicant Information

Full Name: _____ Date: _____

Address: _____

Phone: () _____ E-mail Address: _____

Age: _____ Gender: M F Passport Number: _____

Please briefly describe your salvation experience.

If you have been baptized in the Holy Spirit, please describe your experience.

Medical Information

1. Any major illness during the past year?
(If yes, please explain) _____ Yes _____ No
2. Do you take prescription medications
regularly? (if yes, please explain) _____ Yes _____ No
3. Do you have any allergies?
(if yes, please explain) _____ Yes _____ No
4. Have you been treated or hospitalized for a mental or emotional condition in the last 5 year?
(If yes, please explain) _____ Yes _____ No
5. Any physical limitations/ disabilities?
(If yes please explain) _____ Yes _____ No



In case of an emergency, please contact:

Name: _____ Relationship: _____

Address: _____ Phone: () _____

Other
Phone: () _____

References

Please list three people who you know and would serve as references for you.

Name	Phone #
1.	
2.	
3.	

Additional Information

1. Briefly state why you want to go on this mission and how you hope to use your cross-cultural experiences when you return.

2. What previous mission trips or experiences have you participated in, if any?

3. Do you feel you can work with or under the citizens of the foreign country to which you are going?

4. How do you feel you can contribute to this mission in the ways of skills or talents?

5. Please use this space to provide any other information you feel would be helpful.

Signature

Signature: _____ Date: _____

(Please return completed application to: New Life Fellowship World Missions, 520 7th Street, Del Norte, CO 81132)