



## Short-term Missions Application

### Personal Information

Full Name (as it appears on identification) \_\_\_\_\_

Passport # / Country Issued \_\_\_\_\_ / \_\_\_\_\_ Expiration date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Prov \_\_\_\_\_ Postal Code \_\_\_\_\_

E-mail Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_

Marital status.      \_\_\_ Single      \_\_\_ Married      \_\_\_ Widowed      \_\_\_ Divorced

Emergency contact \_\_\_\_\_ Emergency Contact's Phone \_\_\_\_\_

Beneficiary's Name \_\_\_\_\_ Relationship to You \_\_\_\_\_

### Church Involvement

Do you regularly attend services at Harvest Bible Chapel? \_\_\_\_\_ Are you a member? \_\_\_\_\_

Are you in a Small Group? \_\_\_\_\_ Small Group Leader's Name \_\_\_\_\_

Ministry you are presently involved with \_\_\_\_\_

Briefly list your previous ministry involvements at HBC or outside of HBC

\_\_\_\_\_  
List any previous cross-cultural experience: (inner city, internat'l students, refugees, missions, etc.)

\_\_\_\_\_



### Skills

Second language(s) (indicate your proficiency level) \_\_\_\_\_

Please list all specialized skills that you have developed and are able to use:  
(i.e. medical, music, teaching, computers, athletics, construction, financial planning, culinary, graphics, etc.)

| Skills | Fair  | Good  | Excellent | Professional |
|--------|-------|-------|-----------|--------------|
| _____  | _____ | _____ | _____     | _____        |
| _____  | _____ | _____ | _____     | _____        |
| _____  | _____ | _____ | _____     | _____        |

### Employment

Employed \_\_\_\_\_ Self-Employed \_\_\_\_\_ Retired \_\_\_\_\_ Unemployed \_\_\_\_\_ Student \_\_\_\_\_  
Please complete the following information. Your employer **will not** be contacted.

Name of Employer \_\_\_\_\_ Position \_\_\_\_\_

Employer's Address \_\_\_\_\_

### Education

What is the highest level of education you have completed? \_\_\_\_\_

School \_\_\_\_\_ Years \_\_\_\_\_

Major \_\_\_\_\_ Other formal training \_\_\_\_\_

### Character Reference

1) Harvest Bible Chapel staff member \_\_\_\_\_ Length of Time Known \_\_\_\_\_

2) Small Group Leader \_\_\_\_\_ Length of Time Known \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

3) Other Reference \_\_\_\_\_ Length of Time Known \_\_\_\_\_

Nature of relationship \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_



## **Medical**

Describe your health: \_\_\_\_\_  
(Include a description of all conditions which may limit your normal abilities in stress related situations)

Do you have or have had any previous health problems in the past 5 years. Please describe in detail:

\_\_\_\_\_  
\_\_\_\_\_

Are you under any prescription medication that you are taking under a doctor's care? Describe in detail: \_\_\_\_\_

\_\_\_\_\_

To ensure your safety and well being, any previous conditions or use of prescription medication under a doctor's care necessitates written permissions from your doctor to be considered for a short-term trip through Harvest Bible Chapel.

Name of medical insurance company \_\_\_\_\_

## **Spiritual Life**

Please share your salvation testimony. Include how long you have been a believer, how you were saved, and describe your walk with the Lord at the present time.

Please explain briefly how and why you believe God is leading you to participate in this STM Trip. Also, describe how you hope to see the Lord work in and through you during this time.



### **Commitment**

If selected to be a team member on this team, I make a commitment to:

- Go through the entire short-term missions process including training and preparation.
- To conduct myself in a way that honors Christ while serving Him on this team.
- Submit to the authority of the team leader and/or the host on the field.
- Refrain from behavior which may compromise my witness (abusive language, drug or alcohol use, smoking, etc)

Additionally, if at any time while on the trip my behavior becomes a problem, the team leader has the right to ask me to return home. Any additional costs incurred as a result of this action will be at my own expense.

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

### **Release Agreement**

I agree to release, discharge and hold harmless Harvest Bible Chapel, its employees, agents and members from any and all claims or demands due to personal injury, illness, or death as well as any and all property damage sustained of any nature which may be incurred by me, whether in foreign or domestic territory, while participating in the above-referenced trip.

I hereby authorize the church or its representative to initiate any medically necessary care on my behalf in the event of my incapability to present myself for such care and agree to be financially responsible to any care provider and authorize the release of any necessary medical or insurance related information pertinent to the circumstances.

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

Printed Name \_\_\_\_\_