



GREAT COMMISSION GLOBAL MINISTRIES – Short Term Missions Application

Date _____

Part I: Personal Information:			
Print your name as it appears on identification used at airports			
Name (Print Full Name)			<input type="checkbox"/> Male <input type="checkbox"/> Female
Address			
City	State	Zip Code/Other	Country
Home Phone Number		Work Phone Number	
Fax		Mobile Phone	
Primary Email		Secondary Email	
Date of Birth		Country of Birth	
Social Security Number		Country of Citizenship	
Passport Number	Passport Date of Issue	Passport Date of Expiration	
If you are not a Citizen of the United States, do you have a Residency Card? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, card # _____			

Part II: Marital and Family Status	
Marital Status: (Please Check One)	
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Annulled <input type="checkbox"/> Divorced and Remarried	
Spouse's Name	
Number of Dependent Children _____	
Name (Print Full Name)	Age

Part III: Contact - In Case of an Emergency			
Name (Print Full Name)		<input type="checkbox"/> Male <input type="checkbox"/> Female	Relationship
Address			
City	State	Zip Code/Other	Country
Home Phone Number		Work Phone Number	
Fax		Mobile Phone	
Primary Email		Secondary Email	



Part IV: Field			
To Be Completed by GCGM			
Name of Missions Project			
Dates of Missions Project		Field Assignment (Country)	
Description of Missions Project			
To Be Completed by Applicant			
Please list any Foreign Language Training, and check your level of proficiency:			
Language	Minimal	Average	Fluent
Please indicate any special skills, talents or Christian service that you feel may be helpful on the field:			
Please list Missions Experience:			
Country	Mission Organization/ Church	Dates	Ministry
Part V: Involvement			
Church Membership			Years of Membership
List the ministries you have been involved with at your church: (Include any leadership positions you have held)			
List the ministries you have been involved with outside of your church: (Include any leadership positions you have held)			
Check All that Apply:			
<input type="checkbox"/> Faithfully Tithe <input type="checkbox"/> Regularly Attend Sunday School <input type="checkbox"/> Regularly Attend Bible Study		<input type="checkbox"/> Occasionally Tithe <input type="checkbox"/> Occasionally Attend Sunday School <input type="checkbox"/> Occasionally Attend Bible Study	



Part VI: Medical Information

How would you describe your present health? Excellent Good Average Poor

Please indicate any major illnesses you have been diagnosed with in the last five years:

Are you presently under the care of a Physician? Yes No

If yes, explain:

List any medication you are taking and the dosage:

List any allergies you have been diagnosed with:

Part VII: References

Please provide two references. One reference should be your church pastor or department director in a ministry in which you serve. The other reference should be someone who knows your ministry abilities as well as your strengths and weaknesses.

Name (Please Include Title)			Relationship	
Address				
City		State	Zip Code/Other	Country
Home Phone		Work Phone		
Ministry Affiliation (If Applicable)				

Name (Please Include Title)			Relationship	
Address				
City		State	Zip Code/Other	Country
Home Phone		Work Phone		
Ministry Affiliation (If Applicable)				



Part IX: Activity Participation Agreement

Activity Information (To be completed by the activity sponsor)

Name of Sponsoring Organization: _____

Address: _____ Tel: _____

Name of Team Leader: _____ Tel: _____

Description of Activity: _____

Date(s) of Activity: _____ Location of Activity: _____

Participant Information (To be completed by Participant or Authorized Guardian)

Name of Participant: _____

Address: _____ Tel: _____

Name of Emergency Contact: _____

Day Phone: _____ Evening Phone: _____

Is the sponsor authorized to approve medical treatment? Yes No

Is the participant covered by personal/family medical insurance? Yes No

If yes, name the insurer: _____

Policy or Group Number: _____

Participant Agreement

By signing below, the participant (or parent/guardian if participant is a minor) acknowledges and accepts the risks of physical injury associated with participation in the activity described above. Except for gross negligence on the part of the sponsor, the participant (or parent/guardian) accepts personal financial responsibility for any bodily injury sustained during the activity. Further, the participant (or parent/guardian) promises to hold harmless the sponsoring organization and its representatives for any injury related to the activity.

If a dispute over this agreement or any claim for damages arises, the participant (or parent/guardian) agrees to resolve the matter through a mutually acceptable arbitration process.

Signature: _____ Date: _____

(Participant or parent/guardian if participant is a minor)