HIS HOUSE MINISTRIES

MISSION APPLICATION

Short-Term Mission Missions Coordinator—Miranda Reed

INSTRUCTIONS:

- 1. Complete the Application Form.
- 2. Attach a recent photo to the application form along with a photo-quality copy of your passport
- 3. Submit your Application to His House Ministries on or before the deposit deadline. You can email or fax your application to us and mail the required documents without delay
- 4. Attach a deposit of \$50 to the Application Form (make checks payable to His House Ministries (HHM) and in the memo please write Mission Trip).

PLEASE NOTE:

APPLICATIONS WILL NOT BE ACCEPTED WITHOUT A PHOTO AND DEPOSIT!

ACCEPTANCE. Once we have received and reviewed your application, we will contact you regarding your acceptance to the team. His House Ministries has the right to refuse acceptance of any team member and will discuss with you any reasons for that refusal. Deposits will be refunded to those who are not accepted to a team. However, no refund of deposit to any team member who may change his or her mind to travel with the team.

SPONSORSHIP: Everyone accepted to the team or to go alone will be responsible to raise the needed support for the trip.

I wish to be a part of the short-term missions team going to						
GENERAL INFORMATION: (Please print)						
Name (as printed on birth certifica	te or passport)					
Address						
City	State	Zip Code				
Home Phone	Work Phone	Cell/Beeper				
AgeMale or Female?	Nickname					
Citizen of what country?	Do you have a valid passport?					
Passport #	Expiration date of passport					
Date of Birth	Marital Status					

For those of you who do not have a passport now, you must apply for it and send us the information later. Visa may be necessary for some countries.

SPIRITUAL INFORMATION:

1. Wha	at is the name of your home church?_		
	Address		
	Name of your pastor	Phone	2
	Email	Address	<u> </u>
2. Hav	re you participated in any Mission Tr		
If yes:			
•	a. When?		
	b. Where		
	c. Name of group or church		
	d. Name of group leader	Phone#	Email
3. Wha	at ministries are you involved with at	t your church?	
	you serve in any volunteer/leadership		tside the church? If yes, please
5. Plea	se describe your spiritual gifts		
6. Plea	ase give two references who know yo	ou and your spiritual walk (name and phone#)
7. Des	cribe how and when you came to kno	ow the Lord:	(use separate sheet if possible)
8. Hav	re you been water baptized? If yes, where and when?		
	se explain briefly why you want to p	_	ip
WOR	K EXPERIENCE/TALENTS:		
	ase list any specific talents that you hal, teaching, etc.)	ave (drama, singing, instru	ments, puppets, construction,
2. Who	ere are you employed? Position? How long?		
3. Do	you speak any foreign languages flue	ently?	
4. Wha	at do you see as your strongest chara-	cter quality and why?	
5. Wha	at do you see as your weakest charac	ter quality and why?	

HEALTH INFORMATION:					
1. Do you have or have you ever had:					
() Fainting Spells () Heart Problems () Diabetes () Seizures					
() Eating Disorder () Respirator problems () Frequent and/ or severe headaches					
() Nervous Breakdown () Mental Problems () Asthma () Allergies					
() Hearing Difficulties () High/Low blood pressure () Breathing Problems					
() Digestion Problems () Back or neck Problems () Others					
					3. Do you have any chronic illnesses or allergies? () Yes () No
					4. Are you presently under medication prescribed by a doctor?
					5. Have you ever had any psychiatric care or treatment?
C.D. 1 1.1.1.1					
6. Does your health insurance cover you overseas? 7. How would you describe your health and fitness? () Excellent () Good () Average () Needs work					
7. How would you describe your health and fitness: () Executing () Good () Average () Iveeds work					
PERSONAL INFORMATION:					
1. What are your personal expectations for this mission trip?					
2. If you are in a dating/engaged relationship with someone, is this person applying to serve on the same					
mission team?					
3. How does your family feel about you going on this trip?					
4. Have you been involved with any of the following within the past year?					
Alcohol? () Yes () No					
Illegal Drugs? () Yes () No					
Tobacco? () Yes () No					
A Cult or the Occult () Yes () No					
Criminal Activity () Yes () No					
5. Have you been convicted of committing a crime? () Yes () No					
If yes, please explain:					
Tr y to, predict the primaries.					
6. What are the most significant events that have occurred in your life in the past two years?					
o. What are the most significant events that have occurred in your life in the past two years?					

7. EMERGENCY NUMBERS:	
	Dalatianahin ta was
	Relationship to you
Address	Y'.14
Phone #: Day	Night
Name	Relationship to you
Address	Night
Phone#: Day	Night
Team members, leaders, and staff of sickness, accident, death, or ter	Missions requires strict compliance to leading a Christian lifestyle. serve at their own risk, and His House Ministries is not liable in the event orist acts or for transportation and any other expense beyond normal ipants to be in good physical condition, and may require a doctor's
	ove information. The information I have given His House Ministries is knowledge. My signature signifies my approval of all limitations listed
Signature of Applicant:	
FOR HHM USE ONLY Date received	
Decision regarding the application	: () Accepted () denied
Total cost for the trip: \$	
Comment(s):	