



MISSION TRIP APPLICATION

Church of Our Saviour

4416 Betsy Kerrison Parkway

Johns Island, SC 29455

(843) 768-2046 Phone

(843) 768-2045 Fax

Please print name as it appears on passport:

Full Name _____
(Last) (First) (Middle)

Address _____
(Street) (City) (State) (Zip)

Phone _____
(Home) (Cell) (Work)

Email Address _____

Citizenship _____

Passport # _____ Exp. Date _____ Issue Date _____

Birth Date ____/____/____ Age ____ Place of Birth _____

Marital Status __S__M__D__W T-Shirt Size __S__M__L__XL__XXL

Spouse/Parent/Contact Person name _____

Address _____

Phone Number _____

Occupation/Profession _____

Current Employer _____

If under 18 years of age, name of parent(s) or guardian(s):

Phone _____
(Home) (Cell) (Work)

Church Name & Address _____

Priest/Pastor/Minister's recommendation _____

Have you traveled overseas before? ____Y____N If so, where? _____

Are you currently serving in a ministry? ____Y ____N If so, where?

Have you served in missions before? (If yes, please include location and dates) _____

Briefly summarize your testimony:

I am gifted in the areas of: (check all that apply)

- Leadership
- Prayer
- Teaching
- Children's Ministry
- Writing
- Healthcare _____
- Language _____
- Video
- Photography
- Construction
- Drama
- Administration
- Accounting
- Music _____
- Other _____

Why do you want to participate in this mission trip?

What would you like to accomplish on this trip?

Describe what you think may be the biggest challenge for you to overcome for this project:

Describe your strengths:

Describe your weaknesses:

Do you have a criminal record? ___Y ___N If yes, please explain

Please list any medications that you are currently taking, doctor's restrictions you are under, or any medical condition(s) that could affect your health and well being on the trip (including pregnancy).

I understand that this trip is a Christian mission trip and understand that I will be expected to share my faith with others as part of this trip.

___Yes and initial here _____.

If I am chosen to be a part of this team, I commit to the following: (Please initial)

___Prayer and Bible study daily.

___Send out letters to raise a support team for prayer and finances.

___Attend all training and follow-up meetings before and after the trip.

___Being financially responsible for the trip and complete payments one month prior to departure.

___Walk in integrity.

___Honoring the guidelines and rules set forth by the host missionary, team leader and the Diocese of South Carolina.

I am aware that inoculations and antimalarial medications will be required for my travel and that I will be responsible for obtaining these and their respective costs. I also understand that my travelers insurance must cover a minimum of \$100,000 for medical evacuation and/or the repatriation of my physical remains.

Signature: _____

Date: _____