



MITCHELL ROAD
 PRESBYTERIAN CHURCH, PCA
 MISSIONS AND OUTREACH

APPLICATION FOR MRPC SHORT TERM MISSION TRIPS

Please complete the application below and attach a \$50 deposit by **Sunday April 2, 2017.**
 (Or a \$75 deposit after that date.)

Applications can be mailed, emailed, or dropped off at the church. For any questions, contact the missions department at (864)268-2218 or missions@mitchellroad.org. *NEW website! www.mitchellroadmissions.org *

Today's date: _____

Legal name (as it is on your passport/ID): _____ Date of birth: _____

Name you go by (if different): _____ Email: _____

Home Phone: _____ Cell Phone: _____

Full address: _____

School & grade/Occupation: _____

Mitchell Road member: **Yes** **No** If not, home church: _____

Mission team/trip for which you are applying? _____

Second choice if this trip is cancelled? _____

Do you have and is your passport valid for 6 months beyond the STM dates? _____ (International trips only)

Please list educational and/or professional background:

1. Briefly share how you came to a personal faith in Jesus Christ.

2. How are you presently growing in your knowledge of and love for the Lord?
(i.e. Bible Study, personal devotions, etc.)

3. What is your experience communicating the Gospel to others?

4. Why do you want to go on this mission trip?

5. What do you expect to gain from this experience?

6. What are some ways in which you **presently** serve the Lord in a local setting?
(Example: local service projects, ministries at the church, etc.)

7. What are the strengths and weaknesses that you would bring to this team?

8. How can we pray for you regarding this trip?
9. Do you have any special gifts or skills (musical-voice, play an instrument, athletics, preaching, construction skill, etc.) that could benefit this mission team?
10. Give the name, address and phone number of two people (not relatives) who could give an honest evaluation of your Christian walk.
- A.
- B.
11. Do you have any allergies, illnesses, or other health problems that might affect your performance on this team and that your leaders need to be aware of? _____ If yes, please explain.

Medication	Dosage	Frequency/Time

12a. I certify that I have health insurance and have listed the information below. I understand that in case of an accident or illness, my insurance will be the primary source of payment of expense incurred.
 _____ (Please initial)

Current Health Insurance Provider: _____

Member Name & ID#: _____

Group Name & #: _____

OR

12b. I am under 18 years of age or am still on my parents' insurance. My parents have signed the waiver on the last page of this application and have included their health insurance information. Conditions listed in number 11 above apply. _____ (Please initial)

EMERGENCY CONTACT

In case of emergency please contact the following people:

1. _____
Name Address

Home Phone Cell Phone

2. _____
Name Address

Home Phone Cell Phone

Physician's/Phone: _____ Location of Office: _____

I understand that applying does not assure my position on a mission team. I understand that I will be responsible for the following:

- Turn in this application along with a \$50.00 deposit (by April 2) or \$75.00 after that date.
- Attend **ALL** team meetings and training sessions.
- Submit a background check if there are minors in the team or if you are working with minors on the mission trip.
- Have personal health insurance or purchase international health insurance for the trip.
- Have all the immunizations required for any international travel, specific to the country of destination.
- Raise all financial support needed.
- Raise three prayer supporters.

By signing below I understand the qualifications, responsibilities, and level of commitment required to participate in Short Term Mission trips.

Signature: _____ Date: _____

Signature of Parent/Legal Guardian: _____ Date: _____

