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WHC SHORT-TERM MISSIONS APPLICATION FOR 2011 TRIPS

_____ Date of Application

Last Name _____ First Name: _____

Name as it appears on PASSPORT: _____

Address _____ City _____ State _____ Zip _____

Home Phone () _____ Work Phone () _____

Cell Phone _____ E-mail Address _____

Date of Birth _____ Age: _____ Passport # _____ Exp Date: _____

Sex: Male Female

If under 18 years of age, Name of Parent(s) or Guardian(s) _____

Signature of Parent or Guardian: _____

Phone #: _____

MARK YOUR TOP TWO TRIP CHOICES IN ORDER OF PREFERENCE:

Please list two countries by choice that WHC will be traveling to _____

WHC Involvement

Do you attend WHC Worship Services? Yes No How Long _____

Are you a member of WHC? Yes No How Long _____

If not, what church do you attend? _____

What religion are you? _____

Do you work well in a team with other people? _____ Give an example: _____



BACKGROUND INFORMATION

EDUCATION: _____

CURRENT OCCUPATION: _____

Employer: _____ Phone Number: () _____

SKILLS:

Have you had any training in evangelism or leading Bible studies?

How would you lead someone to a saving knowledge of Jesus Christ? _____

Do you have any abilities in the following areas?

Media / Teaching Activities / Technical Skills / Group Activities / Music and Drama

Describe: _____

Have you taken First Aid training? Yes _____ No _____ Type: _____



MEDICAL INFORMATION

Any major illness during the past year? Yes ____ No ____

If yes, please explain: _____

Do you take medication regularly? Yes ____ No ____

If yes, please explain and list medications and dosages: _____

Any allergies? Yes ____ No ____

If yes, please explain: _____

Is your tetanus shot current? Yes ____ No ____ Your blood type: _____

Any physical limitations/disabilities? Yes ____ No ____

If yes, please explain: _____

Do you have adequate medical insurance? Yes ____ No ____

Company _____ Policy # _____

Does your insurance cover you in a foreign country? Yes ____ No ____

When was your last physical exam? Approximate Date _____

Family Physician _____ Phone Number _____

Who would we contact in case of an emergency?

Name _____ Phone # () _____

Address _____ City _____ State _____ Zip _____

Relationship to you: _____

REASONS FOR GOING

A. If you have not been on a WHC Missions Trip, briefly explain your reasons for applying:

B. If you have been on a WHC Missions Trip previously, tell what that trip meant to you and explain why you would like to go again (please use the back side of this sheet if you need more room):

ADDITIONAL INFORMATION

Use the space below to provide any additional information you would like us to know:

Signed: _____ Date: _____

**IMPORTANT INFORMATION REGARDING
DONATIONS TO YOUR MISSION TRIP**

When you or others give money towards your mission trip (including the deposit amount), it is considered a tax deductible donation. IRS regulations prohibit the return of any money given as a tax deductible donation. Please be aware that any money given towards your mission trip, either by you or by someone else, is non-refundable. If for some reason you are not able to go, any money donated to your trip will be used to help with the general mission trip fund.

It is very important that you meet the deadlines for your mission trip payments on time. Missing deadlines for payment creates problems with purchasing airline tickets, etc.

Thank you for your cooperation and for your commitment to short-term missions at WHC!

Please sign this document and return to the church office.

I have read and agree to the above.

Signature

Date

