



Short Term Mission Application Form

Trip Location and Date:

City/Country/Continent

Date: (Start) / (End)

Please attach \$200 registration fee. All funds are non-refundable once applications are accepted.

Address Information

Full Name (as it appears on your passport)

Last:

Middle:

First:

Address:

Street:

City: Prov/State:

Postal/Zip Code: Country:

Contact Information:

Home Phone:

Work Phone:

Cell Phone:

Fax:

Email:

Applicant Details:

Birth Date: Age: Sex:

Occupation:

Significant work experience:

Marital Status:

Spouses Name:

Will your spouse be applying to join this team?

Passport & Languages Information

Please attach a photocopy of your passport information page.

Citizen of:

Passport #:

SIN/Social Security #:

Date of Issue: Date of Expiry:

Country of Birth:

Location of Issue:

What second piece of identification will you bring?

What languages do you speak?

Health Information

Describe your general health:

Any Limitations?

Please list any medical condition(s), allergies or drug allergies:

Please list any medications you are currently taking:

Blood Type:

Emergency Contact

Name: Relationship:

Home Phone:

Work Phone:

Cell Phone:

Insurance

Name of Medical Insurance Company:

Individual or Family Coverage Group #:

Phone:

Policy Holder Name:

Does your insurance cover you overseas?

If "NO" state which insurance plan will cover you overseas:

Please Note: You will not be able to participate in this trip without international medical insurance coverage. **CANADIAN RESIDENTS:**

Please contact your insurance company and verify your coverage.

If you are not covered, it is your responsibility to make sure you purchase short-term coverage for the time you are out of Canada.

USA RESIDENTS: The cost of overseas medical insurance is covered in the cost of the trip. Both Canadian and US residents will need to bring an updated record of vaccinations with you on the trip.

Church Information & References

Home Church:

Pastor's Name:

Church Address:

Street:

City:

Prov/State:

Postal/Zip Code:

Country:

Phone:

Email:

Please provide a reference from your Pastor or Church leader plus one non-family member reference:

Name:

Position:

Phone #:

Email:

Name:

Position:

Phone #:

Email:

Personal Testimony

Please briefly share your salvation testimony, indicating how long you have been a believer, how you were saved, and your walk with the Lord at this present time. Also briefly describe your personal devotional practice.

Ministry Experience, Motivation & Prayer Support

Is this your first short-term mission trip?

If not, on what other trips or teams have you participated?

What year?

Which Agency?

Briefly describe the trip and your experience:

Briefly explain why you would like to be part of this team:

In the last three years, what groups or activities have you participated in that may contribute to the team as a whole?

Do you have any evangelism experience? If yes, explain:

Would you feel comfortable sharing your faith with others?
 Individually? In a group?

What are your gifts or talents:

Have you had any previous experience in any of the following areas?

If yes, please indicate your level of expertise by placing a number (1-5) in the blank next to the category. (1) = done this once before; (3) = being capable; (5) = having professional abilities.

<input type="text"/>	carpentry	<input type="text"/>	plumbing
<input type="text"/>	dry walling	<input type="text"/>	landscaping
<input type="text"/>	electrical	<input type="text"/>	automotive
<input type="text"/>	painting	<input type="text"/>	cooking
<input type="text"/>	tiling	<input type="text"/>	sewing
<input type="text"/>	masonry	<input type="text"/>	teaching
<input type="text"/>	concrete	<input type="text"/>	secretarial
<input type="text"/>	metal work	<input type="text"/>	computer
<input type="text"/>	cabinetry	<input type="text"/>	medical
<input type="text"/>	PVC piping	<input type="text"/>	bookkeeping
<input type="text"/>	drama	<input type="text"/>	arts & crafts
<input type="text"/>	singing	<input type="text"/>	other (write below)

Check List

I have completed the following sections in full:

- Address Information
- Passport & Languages Information
- Health Information
- Church Information & References
- Personal Testimony
- Ministry Experience, Motivation & Prayer Support

I have attached the following with this application:

- A colour photo of myself
- Photocopy of my passport info page
- \$200 registration deposit

Please print completed application form and mail to:

Canadian Office:
P.O. Box 460
Burlington, ON
L7R 3Y3 Canada
info@wowmission.com

US Office:
P.O. Box 20158
Mesa, AZ 85277
U.S.A.
karl@visionledd.com

I declare that this information is true and up to date at the time of signing. I will keep *Visionledd and Women for Orphans and Widows (WOW)* informed of any changes pertaining to the above information.

Signature

Date