



Mission Exposure Application Form

Malawi, Africa – May 01 – 20, 2008 (tentative date)

Malawi, Africa – July 31 – August 19, 2008 (tentative date)

Please circle appropriate date above and attach \$100 registration fee.

Address Information

Name: _____ (_____)

(As it is on your passport) Last First Middle Most used first name

Address: _____

City: _____ Prov.: _____ Postal Code: _____

Home Phone: (____) _____ Work Phone: (____) _____ Cell Phone: (____) _____

Fax Number: (____) _____ Email: _____

Birth Date: (M)____/(D)____/(Y)____ Age: ____ Sex: M____ F____ Marital Status: _____

Spouses Name: _____ Will your spouse be applying to join this team? _____

Occupation: _____ Significant work experience: _____

Passport & Languages Information

Please attach a photocopy of your passport information page.

Citizen of: _____ Passport Number: _____ Social Insurance #: _____

Date of Issue: ____/____/____ Date of Expiry: ____/____/____ Country of Birth _____

M D Y

M D Y

Location of Issue: _____ What second piece of identification will you bring: _____

Do you speak a foreign language?: _____ If yes, what language/s?: _____

Health Information

Describe your general health: _____ Any limitations? _____

Do you have a medical condition(s) or allergies that we should be aware of? Yes (___) No (___)

If 'Yes', please explain: _____

List any medications you are currently taking: _____

Allergies: _____ Drug Allergies: _____ Blood Type: _____

Emergency Contact: _____ Relationship: _____

Address: _____

City: _____ Prov.: _____ Postal Code: _____

Home Phone: (____) _____ Work Phone: (____) _____ Cell Phone: (____) _____

Name of Medical Insurance Company _____

Individual or Family Coverage Group # _____

Insurance Phone # _____ Policy Holder Name _____

Does your insurance cover you overseas? Yes (___) No (___)

If 'No' state which insurance plan will cover you overseas: _____

Please Note: For your own safety you will not be able to participate in this trip without international medical insurance coverage. Contact your insurance company and verify that your coverage is valid for travel within the country(ies) to which you are going. If you are not covered, it is your responsibility to make sure you purchase short-term coverage for the time you are out of your home country.

You will also need to see a medical doctor and bring an updated record of vaccinations with you on the trip.

Church Information & References

Home Church: _____ Pastor's Name: _____

Church Address: _____

City: _____ Prov.: _____ Postal Code: _____

Office Phone: (____) _____ Fax: (____) _____ Email: _____

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

Name: _____ Position: _____ Daytime Phone #: _____

Email: _____

Name: _____ Position: _____ Daytime 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. (If you need more space, use the back side of this page).

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(s)? _____ 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: _____

Ministry Experience, Motivation & Prayer Support Continued

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

What are your special 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.

___ carpentry	___ plumbing	___ concrete	___ secretarial
___ dry walling	___ landscaping	___ metal work	___ computer
___ electrical	___ automotive	___ cabinetry	___ medical
___ painting	___ cooking	___ PVC piping	___ bookkeeping
___ tiling	___ sewing	___ drama	___ arts & crafts
___ masonry	___ teaching	___ singing	___ other (please list)

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
___ \$100 registration deposit

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

Signature _____ Date _____