

Trinity Church – Short-term Mission Application (TEAM MEMBER)

Name: \_\_\_\_\_ Gender: M F Age: \_\_\_\_\_

Mail address: \_\_\_\_\_ Town/St: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Permanent address (if different): \_\_\_\_\_

Name of emergency contact: \_\_\_\_\_

Relation: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

*Complete passport information if location of service is outside the USA:*

Country: \_\_\_\_\_ Passport number: \_\_\_\_\_

Mission location/destination \_\_\_\_\_ Start date \_\_\_\_\_

Please describe your relationship to Trinity (member, attending, through friend, through relative etc.).

Why do you want to go on this mission?

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Your allocated cost for this team mission	\$
Amount you will personally contribute	\$
Amount you expect in gifts from others, including family	\$
Total amount you expect to raise (from you plus others)	\$

What other information would you like us to know? (Attach sheets if more space required.)

[such as your participation in Trinity or your church, aspects of your spiritual journey, previous short-term missions experience or cross-cultural experience, your strengths that apply to this short-term mission, challenges you expect to encounter on this short-term mission, how you expect this experience to benefit you, how you expect this experience to benefit Trinity and/or your church]

As much as it is within my power, I will conduct myself on this mission consistent with the gospel and the example of Christ Jesus.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/guardian (for under 18): \_\_\_\_\_ Date: \_\_\_\_\_

*Please ATTACH your completed Trinity Church Release of Liability and Health form and RETURN your completed application to your Trinity Mission Team Leader by the assigned deadline.*