



The mission trip team leader will not share this information except as required and related to the mission trip

NAME & LOCATION OF PROJECT: _____

PROJECT DATES: _____ **COST: \$** _____ **DEPOSIT: \$** _____

Name: _____ Home Phone: _____
Mailing Address: _____ Work Phone: _____
City, State, Zip: _____ Cell Phone: _____
Age: _____ Sex _____ E-mail Address: _____

Emergency Contact Person: _____ **Phone Numbers:** _____

Passport Number: _____ Date of Issue: ___/___/___ Place of Issue: _____
Occupation: _____ Hobbies/Interests: _____
Languages: _____

Mission Experience & Locations: _____

Name of Church or Organization: _____ Pastor: _____

Address: _____ Pastor's Phone: _____

Type of Team: Please check as many as apply T-Shirt Size: _____

Construction___, Teaching___, Evangelism___, Music___, Puppets___, VBS___, Other___

Above individual cost includes: _____

It does not include: _____

1. Why do you wish to participate? (Please use separate page or back)
2. Have you traveled to a developing country? _____ Which one(s)? _____
3. Please indicate your state of physical and emotional health (the project and trip will include rigorous activity and the hours may be long). Is there anything the team leader(s) should know regarding your health (allergies, diet, etc.)

4. Team members may be asked during a church service to give a two-to-three minute testimonial before or after the project. Would you be comfortable doing this?

5. Please circle all applicable skills below and explain in detail where appropriate. Team assignments will be based on this information.

• Building/carpentry/masonry skills: Fair Good Excellent Professional Other: _____

• Health Care: Physician Nurse Dentist First-aid training CPR training Other: _____

• Teaching Health Care: be specific _____ Other: _____

• Working with youth: Recreation Storytelling Art Singing Crafts Other: _____

• Singing Skills: Solo Small groups Instruments: _____

- Preaching Devotionals Leading in prayer related skills: _____
 - Photography (Explain): _____
 - Giving post –trip talks and slide presentations (elaborate): _____
 - Other skills and abilities that will contribute to team experience: _____
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I understand that team members must be cheerful, cooperative, flexible, and patient. I agree to cooperate with the team leader(s) concerning our life together, including daily assignments, food, lodging, and transportation and any other activities involving the team as a whole. I agree to stay with the team from the beginning to the end of the trip (except as excused by the team leader), to abstain from the use of alcohol and tobacco while on the mission trip, and generally to behave in a Christ like manner.

Applicant's Signature

Date

Financial Requirements:
\$100 deposit as soon as possible

\$ by

\$ by

If fund raising extends beyond this time, we can extend this date (negotiated by team leader and PAPA's)

*****PAPA's Ministries is a Non-profit Charitable Organization supported solely by donations. PAPA's can not be held responsible for accidents that occur to team members while on a mission trip. Please complete the Medical Insurance form included with this application. The cost of the insurance is included in your team costs.**

Applicant's Signature

Date

Return completed application with deposit to the project organizer or team leader.

NOTICE OF DEATH

Name: _____ **Passport #** _____

In the event of my death, should my death occur outside the United States, a family member, team member or pastor, or a representative of the US State Department / US Embassy is to be instructed by the following:

1. Immediately Contact the Following:

A. A Consular duty officer at the US Embassy in the country where the death occurred.
Phone _____ Fax _____ E-mail _____.

B. My Church
Phone _____ Fax _____ E-mail _____

C. My Family or Other
Phone _____ Fax _____ E-mail _____

2. My Wishes are as follows:

My body is to be cremated, if possible, prior to being shipped back to the United States. Where possible, arrangements for the cremation are to be made in consultation with the United States Embassy of the nation where the death occurred. My remains are to be shipped to: _____

If Cremation is not possible, then my body is to be shipped home, in keeping with requirements of the host nation, to (Funeral Home) _____

I do not wish my body to be cremated. My body is to be shipped home, in keeping with the requirements of the host nation to (Funeral Home) _____

All my valuables, money, and personal possessions are to be kept in control of the representative of the United States Embassy and subsequently shipped to: _____ or delivered to my family member listed above if able to receive them personally.

Signature _____ **Date** _____
(If under 18, must be signed by parent or guardian)

EMERGENCY CONTACT INFORMATION

Return to Team Leader

Missioner's name of passport _____ Passport Number _____
Mailing address _____ Date of Birth _____

Home Phone _____ Work Phone _____

IN CASE OF EMERGENCY, CONTACT THE FOLLOWING:

NAME _____ Relationship to Missioner _____
Address _____
City / State / Zip _____
Home Phone _____ Work Phone _____

IF UNABLE TO CONTACT THE ABOVE, CONTACT THE FOLLOWING:

NAME _____ Relationship to Missioner _____
City / State / Zip _____
Home Phone _____ Work Phone _____

OTHER INFORMATION YOU WISH TO ADD IF AN EMERGENCY ARISES:

A Copy of this form will be left with the local church in the event of emergency.

**TO BE COMPLETED AND RETURNED TO
PAPA's MINISTRIES BY THE APPLICANT'S PASTOR :**

I believe that the above applicant is a dedicated Christian, a team player, and a friendly, flexible person who will make a valuable contribution to this mission team. I am / am not personally acquainted with the applicant and recommend her / him for volunteer mission service.

You may contact me for additional information if needed.

What missionary qualities does this person possess?

Pastor's Signature

DATE

**PAPA's Ministries
2317 W. Price Road
St. Johns, Michigan 48879
(517)290-0116**