

# Application

## Personal Information

**Name** as listed on passport \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Email \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_  
Date of Birth   m m / d d / y y y y   (Current Age) Gender   male / female    
Marital Status *Single / Married / Divorced / Widow*

## Passport Information

Place of Birth   City, Country   Citizenship \_\_\_\_\_  
US Citizen   YES/NO   If No, Visa Status \_\_\_\_\_  
Passport No. as listed on passport \_\_\_\_\_  
Expiration date   d d / m m / y y y y  

Please attach a photo copy of passport to application.

## Church Information

**Church Name** \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Pastor's Name \_\_\_\_\_ Role \_\_\_\_\_  
Email \_\_\_\_\_

## Educational Information

Name of Institution

Graduation Year

City, State

Degree

---

---

---

---

---

---

---

## Work Information

**Employer**

City

State

Start Date m m / y y y y

End Date m m / y y y y

Title

Duties

## Spiritual Life

In a few paragraphs please describe your personal testimony and walk with Christ. Describe your church and ministry involvement:

-If more space is required please attach a separate piece of paper-

## Trip Information

Which Short-Term mission are you applying for?

How did you learn about this mission?

Why are you interested in this particular mission?

What do you hope or expect to gain from this experience?

What do you feel you can contribute on this mission?

What specific skills / abilities / and talents do you have that will help your team and those on the ground?

## Cross-Cultural Experience

**What contact have you had with other racial, cultural and religious groups?**

(Please list those as best you can and include any training or courses you may have also taken in the area of cross-cultural learning.)

**Do you have any foreign language proficiency?**

(Please list each noting fluent, conversational, etc.)

**In what mission/work trips or service project(s) have you participated in?**

(Please describe including when, where & length of project)

**How open are you to God calling you to full time missions?**

(Please share if you have sensed a call to go and if so, what has kept you from following up with this?)

## Personal Character

**How would you describe yourself to someone who has never met you before?**

**What are your strengths?**

**What are areas in your life where you see a need for growth?**

**Describe a group or team experience you have had and what you learned from that experience.**

## Personal References

(Church staff member (preferably a Pastor); a teacher, employer, or co-Worker; and a spiritual mentor/friend)

### Reference Number One

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Relationship \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

### Reference Number Two

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Relationship \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

### Reference Number Three

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Relationship \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

## Emergency Contacts

Please inform your emergency contact that you have listed them and let them know the dates you will be away and where you will be.

### Emergency Contact One

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

### Emergency Contact Two

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

### Emergency Physician Contact

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Office Number \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

# Medical Information

**Please check box if you suffer from any of the following:**

- |                                       |   |   |   |
|---------------------------------------|---|---|---|
| <input type="checkbox"/> Hypertension | <input type="checkbox"/> Hypoglycemia     | <input type="checkbox"/> Bleeding Disorders | <input type="checkbox"/> Heart Disease    |
| <input type="checkbox"/> Seizures     | <input type="checkbox"/> Insect Allergies | <input type="checkbox"/> Asthma             | <input type="checkbox"/> Anxiety          |
| <input type="checkbox"/> Depression   | <input type="checkbox"/> Glaucoma         | <input type="checkbox"/> Diabetes           | <input type="checkbox"/> Nervous Disorder |
| <input type="checkbox"/> Migraines    | <input type="checkbox"/> Arthritis        | <input type="checkbox"/> Epilepsy           | <input type="checkbox"/> Travel Sickness  |
| <input type="checkbox"/> Other;       |   |   |   |

Physical Limitations \_\_\_\_\_

Medications \_\_\_\_\_

Medical or Food Allergies \_\_\_\_\_

Last Date of Tetanus Shot \_\_\_\_\_ Blood Type \_\_\_\_\_

Surgical History \_\_\_\_\_

If Pregnant, due date \_\_\_\_\_

*(please attach a list and specify any details)*

In the event that the named individuals cannot be reached, I hereby give my permission to the physician or dentist selected by Adams Farm Community Church, to hospitalize, to secure proper treatment, and/or to order an injection, anesthesia, or surgery as deemed necessary.

**I authorize Adams Farm Community Church sponsors to administer medical aid as required for illness or injury under a physician's orders.**

Signature \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_

**Parent/Guardian;** If applicant is under 18 years old.

Signature \_\_\_\_\_ Relationship \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_

**Notary**

Notary \_\_\_\_\_ Date \_\_\_\_\_

# Team Covenant

**As a member of this team, I agree to:**

- i. Remember that I am representing Jesus Christ as well as Adams Farm Community Church. I will model Jesus in my behavior and attitude.
- ii. Remember that I am a guest working at the invitation of my hosts.
- iii. Remember that we have come to learn as well as to teach. I'll resist the temptation to inform our hosts about "how we do things." I'll be open to learning about other people's methods and ideas.
- iv. Respect the host's view of Christianity recognizing that Christianity has many faces throughout the world and that the purpose of this trip is to experience faith lived out in a new setting.
- v. Develop and maintain a servant attitude toward all nationals and my teammates.
- vi. Respect my team leader(s) and his or her decisions.
- vii. Refrain from gossip.
- viii. Be receptive towards constructive criticism and advice from others.
- ix. Refrain from complaining. I know that travel can present numerous unexpected and undesired circumstances, but the rewards of conquering such circumstances are innumerable. Instead of whining and complaining, I'll be creative and supportive.
- x. Attend all team meetings before the trip as well as any follow-up meetings including being commissioned the Sunday before we leave and reporting back the first Sunday we get back.
- xi. Remember not to be exclusive in my relationships. If my boyfriend/girlfriend or spouse is on the team, we will make every effort to interact with all the members of the team. If I am attracted to a teammate, I will not attempt to pursue a relationship until after we return home.
- xii. Refrain from any activity that could be construed as romantic interest in a national or teammate.
- xiii. Refrain from illegal drugs and abstain from consumption of alcoholic beverages or the use of tobacco products while on this mission.
- xiv. Refrain from teaching or practice of any belief that would not be endorsed by Adams Farm Community Church.
- xv. I agree to abide by the fund-raising procedures endorsed by Adams Farm Community Church and will personally thank all financial donors that contribute to my mission.
- xvi. Remember that I can be sent home if I do not adhere to this Covenant or if my Team Leader believes it is in my best interest or the interest of the team to send me home.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

# Reference Information

Thank you for your assistance in evaluating those who apply for short-term missions. Your answers are confidential. Please complete this form and return it to:

**Example Name, 5113 Mackay Rd, Jamestown, NC, 27282 or you can send it to [example@adamsfarmchurch.com](mailto:example@adamsfarmchurch.com)**

|                  |           |       |
|------------------|-----------|-------|
| Applicant        | Full Name | _____ |
| Your Name        |           | _____ |
| Address          |           | _____ |
| City, State, Zip |           | _____ |
| Relationship     | Phone     | _____ |
| Email            |           | _____ |

1. How long have you known the applicant?
  
2. How would you describe this person's relationship with Christ?
  
3. How have you seen the applicant grow and mature in their faith during the past year?
  
4. Are you aware of struggles or special circumstances concerning the applicant that might interfere with participation in this trip?
  
5. On the field, the team will be living and working in close proximity to one another. How do you think this will affect the applicant? What might stress the applicant in this regard?

6. On the field, there will be many times when plans or schedules will change. How does the applicant handle change and the need to be flexible?
  
  
  
  
  
  
  
  
  
  
7. Can you see him/her putting himself/herself in a servant role? Please explain your answer.
  
  
  
  
  
  
  
  
  
  
8. Before and during the mission, team members will be under the directions of a team leader and on the field will be under the authority of the host/receiver or a missionary. Do you see any problems with the applicant submitting to authority?
  
  
  
  
  
  
  
  
  
  
9. Do you have any concerns about his/her participation?
  
  
  
  
  
  
  
  
  
  
10. Is there anything else you would like to tell us?

Signature \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_

## Passports and Visas

A current passport is **required** for overseas travel. Be sure passports are valid for the duration of the trip with an expiration date of at least 3 months beyond the end of the mission. Some countries might question admitting a person into their country if the passport is close to expiring.

Research information about passports and entry visas at <http://www.travel.state.gov> (US Citizens).

- Apply for your passport at least 3 to 6 months in advance
- Applicants must apply in person for a passport
- Application forms are available at the following website: <http://travel.state.gov/content/passports/en/passports/apply.html> or at selected Post Offices. If this is your first time applying for a passport we advise you to go into the post office and speak to someone to make sure you fully understand the process.
- Proof of citizenship, identity, two photographs and fee are required
- Leave a photocopy of your Passport in your home country
- Take a photocopy of the ID page of your passport with you, carrying it in a separate place from the real thing. The reason for two copies at separate places is in the event the passport is lost or stolen, it is much easier to have it replaced if you have proof that a previous one existed.
- After the length of your stay is determined, check the visa requirements for the country you are going to at <http://www.travel.state.gov> (US Citizens). Remember, each country is different. Many countries require authorization to enter their countries. Most countries grant a tourist visa upon arrival.