



SHORT-TERM MISSIONS APPLICATION

APPENDIX F-6a

Adult Short Term Missions Application



SHORT-TERM MISSIONS APPLICATION

Adult Applicants

Short Term Missions Trip

Word of Grace Church
837 Buffalo Street, Sheboygan Falls, WI 53085

For Office Use Only
Date Rec'd _____
Status _____
Applicant Notified _____

I am applying for the WOG Short Term Mission Team going to: _____

Dates: _____ to _____

Please return your completed application to WOG Missions Director or email to trace@wog.church. Note to Applicant: This application is designed to better ensure that you, your team leaders, and our foreign contacts all have a positive missions experience. It is therefore essential that this be completed in its entirety. Confidentiality will be maintained. Contact Trace Volpe at trace@wog.church if you have any questions. By submitting your application, and once approved, 1) you have indicated your commitment in participating on the short-term mission trip, 2) you are responsible for all trip related expenses incurred on your behalf, 3) consent to a background check, 4) will review, complete, and sign the Risk Acknowledgment and Release of Liability form, and 5) will submit a \$100 non-refundable deposit within two weeks of approval.

PERSONAL INFORMATION:

Name (as it appears on your passport):

First	Middle	Last
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Address: _____

City: _____ State: _____ Zip: _____

Home Phone: () _____ Work Phone: () _____

Email: _____

Age: _____ Male ___ Female

Place of Employment: _____

Date of Birth: _____

Passport number(only for Int'l trips): : _____ Expiration date: _____

In the event of an emergency, notify:

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Day Phone: () _____

All applicants must pass a background check. Do you consent to a background check? ___ Yes ___ No



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MEDICAL INFORMATION (Confidential):

Your current health:

Excellent _____ Good _____ Fair _____ Poor _____

If fair or poor, please explain: _____

Are you currently taking any medication: Yes _____ No _____

If yes, please specify: _____

Any medical restrictions/handicaps that we need to make special provisions for? Yes ___ No ___

If yes, please explain: _____

Do you have any dietary restrictions? Yes _____ No _____

If yes, please explain: _____

Health Insurance Company: _____

Policy Number: _____

Physician's Name: _____ Phone: _____

EDUCATIONAL BACKGROUND:

Please summarize your educational and/or vocational training, beginning with high school including any certificate, undergraduate and graduate work completed:



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OTHER INFORMATION:

Why do you want to go on a mission trip? _____

Are you affiliated with WOG Church? Yes _____ No _____ WOG Member: Yes _____ No _____

If yes, for how long? _____

If no, which church? _____

City: _____ State: _____

For Non-WOG applicants, provide two references on a separate sheet (one pastoral).

What church responsibilities do you have? _____

In what ways has God used you in peoples' lives before? _____

In a few sentences, tell what Jesus Christ means to you: _____

Please share your personal testimony: Please attach separate sheet (First time applicants only)

Have you given your personal testimony before to a group? Yes _____ No _____

Have you led anyone to accept Jesus Christ as Savior? Yes _____ No _____

Please describe your personal devotional life: _____

What best describes your prayer life: Occasional ___ Daily ___ Prayer Warrior ___

What are your spiritual gifts? (See I Cor. 12; Rom. 12) _____

Have you ever been on a mission trip before? Yes _____ No _____

Where? _____ When? _____

Organization? _____



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What other international experiences have you had? _____

What do you feel will be one of your greatest contributions to this trip?

Do you work better alone, in a small group, or a big group? _____

What might be an area of difficulty or weakness for you? _____

Is your spouse and/or immediate family supportive of your participation in this short-term mission project?

Yes ____ No ____ If no, please explain: _____

All costs for the trip are the responsibility of the team member. How are you planning to cover the cost of this trip? _____

SKILLS INFORMATION:

Indicate your skills in languages other than English: _____

Do you play any musical instruments, if yes, please list? _____

Check the areas and skills in which you have experience:

- | | |
|--|--|
| <input type="checkbox"/> Preaching | <input type="checkbox"/> Sports and recreation |
| <input type="checkbox"/> Evangelism | <input type="checkbox"/> Medical experience _____ |
| <input type="checkbox"/> Leading Worship | <input type="checkbox"/> Computer skills |
| <input type="checkbox"/> Discipleship | <input type="checkbox"/> Food Services/Cooking |
| <input type="checkbox"/> Teaching (age group_____) | <input type="checkbox"/> Organizational/Administrative |
| <input type="checkbox"/> Camp programs | <input type="checkbox"/> Carpentry |
| <input type="checkbox"/> TESL (teaching English) | <input type="checkbox"/> Masonry |
| <input type="checkbox"/> Small group leader | <input type="checkbox"/> Plumbing |
| <input type="checkbox"/> Arts/Crafts | <input type="checkbox"/> Electrical |
| <input type="checkbox"/> Drama/Skits | <input type="checkbox"/> Other _____ |

If you have considerable experience in any of the above, please comment:

CRITERIA FOR SHORT TERM MISSIONS SERVICE CANDIDATES



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Short-Term Candidates shall be evaluated based on character and commitment displayed in their Christian life. Expectations for a Short-Term Mission participant shall include but not be limited to the following:

- a) Active participation in a local church body, preference given to WOG members and regular attenders.
- b) Evidence of a healthy Christian walk.
- c) Demonstration of a heart for missions.
- d) Possession of gifts and skills necessary to be a contributing member towards the anticipated work.
- e) Sole responsibility for raising individual financial support to pay candidates expenses.
- f) Attendance at all applicable team meetings and cooperation with all team activities.
- g) Submission of all required paperwork on a timely basis.
- h) Agreement with the STM Team Covenant and Risk Acknowledgment and Release of Liability Forms.
- i) Establishment of an appropriate prayer-team.
- j) Written parental approval (if participant is a minor).
- k) Pass a background check.
- l) Non-WOG team members must submit two references (one pastoral)

1) Generally speaking, minors wishing to participate as Missionary Servants should apply to teams designed specifically for families and/or youth. Nonetheless, exceptional cases may be considered at the discretion of the Missions Director and the Team Leader.

2) Any of the above criteria can be waived by the Missions Director, Lead Pastor, and MC when it is determined participation of an individual, lacking in certain criteria, can benefit by joining the team for spiritual growth and exposure to the gospel.

PARTICIPANT'S PLEDGE:

The last part of your application is perhaps the most important. We are asking you to sign a pledge of participation, the points of which are listed below. These are the common expectations we have of every team and every team member.

I pledge the following:

- To participate in all pre-field preparation meetings and events over the next few months as determined by your team leader(s) and a debriefing upon return.
- To be responsible for individual fund raising and paying all expenses to participate in the STM.
- To sign and agree to the STM Team Covenant and Risk Acknowledgement & Release of Liability forms (separate documents). Failure to agree and sign these two documents will disqualify me from participating on this trip.
- To be a team player rather than an independent operator of this short-term mission, submitting to the team leadership and the needs of the group.
- To be submissive to our national hosts or local project leaders in a way that honors them and the Gospel.
- For the sake of the cultural context you are entering, abstain from the use of alcohol, tobacco and illegal drugs.
- To submit a \$100 non-refundable deposit within two weeks of application approval.
- Once application is approved, to be fully committed to participating in on trip.

Cancellation policy: You can cancel your participation in the short-term mission trip at any time. Submit in writing your cancellation to the team leader and WOG. You will be responsible for any expenses incurred on your behalf up to the acknowledged cancellation date by the team leader including but not limited to deposits, airfare, rental vehicles, t-shirts, team books/study materials, etc.

Signature of Applicant: _____ Date: _____