

<---- CAUTION ---->
INTERNATIONAL TRAVEL HAS
SERIOUS INHERENT RISKS
!! PARTICIPATE AT OWN RISK !!



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Going The Distance Adventure Ministry

MISSIONS APPLICATION

DATE:

Contact Information

FIRST NAME: LAST NAME: AGE: DATE OF BIRTH:

GENDER: ADDRESS: APT:

CITY: STATE: ZIP: EMAIL:

HOME PHONE #: CELL PHONE #: T-SHIRT SIZE:

Marital Information

MARITAL STATUS: SPOUSE'S NAME: NUMBER OF CHILDREN:

Passport Information

DO YOU HAVE A PASSPORT?: PASSPORT #: DATE ISSUED: EXPIRATION:

COUNTRY OF BIRTH: COUNTRY OF CITIZENSHIP:

NAME AS IT APPEARS ON PASSPORT:

IF YOU DO NOT HAVE A PASSPORT, HAVE YOU APPLIED FOR ONE?: DATE OF APPLICATION:

Emergency Contact Information

EMERGENCY CONTACT NAME 1: RELATIONSHIP:

HOME PHONE #: CELL PHONE #: PAGER #:

EMERGENCY CONTACT NAME 2: RELATIONSHIP:

HOME PHONE #: CELL PHONE #: PAGER #:

Health Information

HOW WOULD YOU DESCRIBE YOUR CURRENT HEALTH? (Excellent, Good, Average, Poor):

LIST ANY MEDICAL CONDITIONS (Past & Present):

LIST ALL KNOWN ALLERGIES (Medicines, Foods, Etc):

LIST CURRENT MEDICATIONS:

HEALTH INSURANCE: POLICY NUMBER: PHONE #:

Occupation Questionnaire

CURRENT PLACE OF EMPLOYMENT:

TITLE:

DESCRIBE YOUR JOB DUTIES AND HOW IT MAY HELP ON THIS EVENT:

Personality Profile

DESCRIBE YOUR CHARACTER STRENGTHS:

DESCRIBE YOUR CHARACTER WEAKNESSES:

DESCRIBE HOW YOU THINK OTHERS VIEW YOU:

Personal Information

BRIEFLY DESCRIBE THE MOST SIGNIFICANT EVENT IN YOUR LIFE IN THE PAST 2 YEARS :

ARE YOU IN A RELATIONSHIP WITH ANYONE ON THIS EVENT?:

HAVE YOU BEEN CONVICTED OF COMMITTING A CRIME?:

IF CONVICTED, DESCRIBE:

Motivation Questionnaire

WHY DO YOU WANT TO ATTEND THIS EVENT?:

WHAT ARE YOUR EVENT EXPECTATIONS?:

Spiritual Life Questionnaire

ARE YOU A MEMBER OF A LOCAL CHURCH?:

WHAT CHURCH DO YOU ATTEND?:

HAVE YOU EVER SERVED IN A MINISTRY IN YOUR CHURCH?:

IF SO, DESCRIBE:

HAVE YOU EVER SERVED IN A VOLUNTEER OR LEADERSHIP ROLE OUTSIDE OF THE CHURCH?:

IF SO, DESCRIBE:

DESCRIBE YOUR RECENT QUIET TIMES W/ GOD:

WHO IS JESUS TO YOU?:

Special Abilities, Talents, & Missions Experience

RATE YOUR SKILL LEVEL NEXT TO EACH POTENTIAL JOB/NEED (0 = No Skill; 1 = Average Skill; 2 = Above Average Skill; 3 = Professional):

CARPENTRY:	<input type="text"/>	MASONRY:	<input type="text"/>	ELECTRICAL:	<input type="text"/>	PAINTING:	<input type="text"/>	ROOFING:	<input type="text"/>
PLUMBING:	<input type="text"/>	PHYSICIAN:	<input type="text"/>	NURSING:	<input type="text"/>	DENTAL:	<input type="text"/>	THERAPY:	<input type="text"/>
EMT/FIRST AID:	<input type="text"/>	PHOTOGRAPHY:	<input type="text"/>	JOURNALING:	<input type="text"/>	JUGGLING:	<input type="text"/>	PUPPETRY:	<input type="text"/>
CLOWNING:	<input type="text"/>	MUSIC:	<input type="text"/>	SEWING:	<input type="text"/>	COOKING:	<input type="text"/>	CLEANING:	<input type="text"/>
SPORTS:	<input type="text"/>	COACHING:	<input type="text"/>	ORGANIZING:	<input type="text"/>	TEACHING:	<input type="text"/>	LISTENING:	<input type="text"/>

OTHER ABILITIES:

DO YOU SPEAK ANY FOREIGN LANGUAGES?: LIST LANGUAGES & PROFICIENCY:

LIST PREVIOUS MISSION TRIP EXPERIENCE, LOCATIONS, CHURCH/ORGANIZATION, & DATE OF EACH TRIP:

Commitment Contract

IF SELECTED TO BE A PART OF GTD'S SHORT TERM MISSION TRIP, I MAKE THE COMMITMENT TO (enter "YES" or "NO" in each box below):

- 1] Faithfully go through the training process prior to departure and after I return from the trip:
- 2] Raise the necessary prayer and financial support:
- 3] Submit to the GTD Leader's & Missionary Host's authority:
- 4] Conduct myself in a manner worthy of our Lord while refraining from any behavior which may compromise my witness:

Applicant's Name or Signature: Date:

Additional Requirements

EITHER SCAN (OR MAKE 3 **COLOR** PHOTOCOPIES OF) THE FOLLOWING ITEMS AND EMAIL (OR MAIL) TO THE ADDRESS BELOW:

YOUR DRIVERS LICENSE (Or Student ID if under 16): YOUR PASSPORT (As soon as it's available):

3 CHARACTER REFERENCES: Each applicant is required to provide 3 character references. At least 2 references are to be non-family members such as a pastor, spiritual mentor, Bible study leader, small group leader, accountability partner, etc. They should be people that know you well and can answer questions about your spiritual maturity. List your 3 references here along with their relationship to you and their phone number. In addition, either email, mail or deliver the **Character Reference Form** (see website) to each of your 3 references.

<input type="text"/>	<input type="text"/>	<input type="text"/>
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DO NOT ATTEMPT TO SAVE YOUR COMPLETED APPLICATION TO YOUR COMPUTER. IT WILL ONLY SAVE A BLANK COPY. FIRST PRINT YOUR COMPLETED APPLICATION FOR YOUR RECORDS AND THEN EMAIL/MAIL FORM TO GTD.

Going The Distance Adventure Ministry, Inc / PO Box 7523 - Seminole, FL 33775
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www.goingthedistance.org