

Mission Middelburg Application June/July 2019

1. Name _____
Last First (legal) Preferred Name Middle

2. Permanent Address _____
Street, Box or R.R. City State Zip

3. Telephone: Cell _____ Business _____ Home _____

E-mail _____

4. Age _____ Birth Date _____ Citizen of _____ Birth Place _____

5. Gender _____ Marital Status: Single Married Widowed Separated Divorced

6. Occupation _____
Title Description

7. Please describe your relationship with Jesus. _____

9. Have you had previous experience on the mission field or traveled in a foreign country? If yes, please explain.

10. Our behaviors, words and actions are part of our witness to Christ. We strive to conduct ourselves in a manner worthy of the Gospel. Christians in some cultures are offended by believers who use tobacco or excessive alcohol. There may be some provisions for responsible alcohol consumption during the trip. It is our policy that all members of the mission team will abstain from tobacco and drugs while on the trip, and use appropriate language.

(Check one.) Yes, I agree to the above statement. I have concerns about this I'd like to discuss!

11. What foreign language abilities do you have? _____

12. List medical or first aid training. _____

13. Team participants are expected to attend team-building planning meetings. These are schedule for:

Sunday, October 28, 12:30 – 2:30 p.m.

Sunday, February 3, 12:30 – 2:30 p.m.

Thursday, May 2, 6-8:00 p.m.

Will you strive to be present at each meeting to contribute to your team? _____

(over)

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13. What talents or gifts do you have that you feel the Lord can use? What specific things are you good at doing? _____

14. **You will need a Passport.** Do you have one? _____ Passport Number _____ Expiration Date _____

If you already have a passport, send a copy of the front page of your passport (photo and passport number).

IF YOU DO NOT HAVE A PASSPORT, apply for one IMMEDIATELY. Please send a copy of your passport as soon as you receive it.

16. Are you prepared to rough it on the mission field? _____ Can you walk several miles? _____ Carry your own luggage? _____

Explain _____

Please return this form to Our Savior Lutheran Church by October 1st.

A \$100 deposit (checks made payable to Our Savior Lutheran Church) is also due October 1st.

Signature

Date

Parent or Guardian Signature (if under 18)

Date

Checklist:

___ *This application, completed in its entirety*

___ *Copy of Passport (if you have one)*

___ *\$100 deposit check made out to Our Savior Lutheran*