



**TWO RIVERS**  
CHURCH

# Mission Trip Application

Application Date: \_\_\_\_\_ Trip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

## PERSONAL INFORMATION

Full Legal Name:(as shown on your passport)

Passport # \_\_\_\_\_

Expiration date: \_\_\_\_\_

**Must be valid within 6 months of expiration date**

Complete Address: \_\_\_\_\_

Address

City

State

Zip

Marital Status: Single \_\_\_\_\_ Married \_\_\_\_\_ Occupation/Employer: \_\_\_\_\_

Church member? Where \_\_\_\_\_ No \_\_\_\_\_

Are you a member of a small group? Yes, name of small group ? \_\_\_\_\_ No \_\_\_\_\_

Pastor: \_\_\_\_\_ Telephone \_\_\_\_\_

Briefly describe any major life changes that you have undergone in the last year: (e.g. Job loss or change, family changes, death of relative or friend, etc.) \_\_\_\_\_

## CONTACT INFORMATION

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Mobile: \_\_\_\_\_

Email - Home: \_\_\_\_\_

Email - Work: \_\_\_\_\_

## MINISTRY INFORMATION

Prior mission trips you have participated in: Location/Year: \_\_\_\_\_

List special skills or abilities that is beneficial to this trip: \_\_\_\_\_

List languages you speak: \_\_\_\_\_

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**HEALTH INFORMATION**

List any **health conditions, physical limitations, allergies or mental handicaps** that we need to be aware of for your participation on this mission trip? \_\_\_\_\_

**List All Current Medications:**

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_

**List Allergies to Medications/Other substances**

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_

Physician's name: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact : \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact Numbers: Home \_\_\_\_\_ Cell \_\_\_\_\_

**IMMUNIZATIONS**

See the **Required and Recommended Immunization List** provided for each trip.

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**PERSONAL TESTIMONY**

Briefly share your experience in coming to know Jesus Christ as your personal Savior.

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\_\_\_\_\_

\_\_\_\_\_

**STATEMENT OF FAITH AND PERSONAL COMMITMENT**

I am a believer in Jesus Christ, I understand that service is a way of demonstrating my faith. I understand that group participation is essential to the success of the *mission* of this team and I take full responsibility for being a part of team meetings, planning, prayer and devotions. I also understand I am under the authority of the Team Leader and Two Rivers Church. (Check all that apply)

- I plan to personally pay the total cost of my trip:
- I plan to send out support letters to raise a portion toward the cost of my trip and I plan to personally pay the remaining balance of my trip:
- Other:

Signed \_\_\_\_\_ Date \_\_\_\_\_

*I understand as a participant I am fully responsible for the cost of my trip.*