

Application for Participation in a Mission Trip
First United Methodist Carrollton, 2201 E. Hebron Parkway, Carrollton, TX 75010
Deposit and Payment Checks made payable to First United Methodist Church or FUMC

Short Term Mission Trip _____

DATE _____ COST \$ _____

Name(exactly as on passport) _____

Passport # _____ Age ____ Sex _____ Occupation _____

Phone (h) _____ (w) _____ (cell) _____ E - m a i l _____

Mailing address _____

Passport number _____ Date of Issue: ____/____/____ Place of issue _____

If not a member of FUMC – Carrollton please fill in local church/pastor information.

Local church _____ Pa s t o r _____

Church address _____

Church Phone _____ E-mail _____

1. Why do you wish to participate in this mission? (Please use separate page – no more than half page.)

2. The mission may include some fairly rigorous activity and the hours may be long. Please indicate the general state of your health. Is there anything team leaders should be aware of health-wise (allergies, diet, specific medicines that should not be administered, etc.) ?

3. Team members may be asked during church services to give a brief 2–3 minute testimony about their commitment to follow Christ and his impact on their lives. Are you willing to share a public Testimony? _____

4. Language(s) spoken other than English: _____

5. Areas of interest for ministry – i.e. building, children’s work, evangelism, photography, music... (specify) _____

TO BE COMPLETED BY APPLICANT:

I understand that I am a guest, I have come to learn, I must demonstrate respect for the leadership, I must refrain from gossip, I should resist the urge to complain, I should not exclusively relate to a few people and that use of alcohol, tobacco and illegal drugs is prohibited.

Applicant Signature _____

Emergency Contact Information:

In case of emergency contact the following:

Name _____ Relationship for participant _____
Address _____ Home Phone _____
_____ Work Phone _____
_____ Cell Phone _____

Secondary emergency contact:

Name _____ Relationship for participant _____
Address _____ Home Phone _____
_____ Work Phone _____
_____ Cell Phone _____

Other information team leader should know in case of emergency:

Medical Information

Name _____

Date of Last Physical Examination _____

List any physical disabilities or health problems you have , and indicate whether you have special needs regarding sleeping accommodations, meals, etc.

List all medications you take on a regular basis, with exact dosages.

List any allergies.