

604 Columbia Street, Suite 400, New Westminster, BC, V3M 1A5

SHORT-TERM MISSION PROJECT APPLICATION

Name of Mission:							
Mission Dates:							
Name of Applicant:	Mr. Mrs. Ms	. Miss					
			Give	n Names		Surname	
Street Address:							
City:]	Prov.:			Postal Co	de:	
Mailing Address (if di	fferent from ab	ove):					
Daytime Phone No.:			Ni	ight time l	Phone No.:		
Fax No.:		Email	 :				
DOB: Y/	M/D	Marital	status	Single	Married	Divorced	Separated
Spouse's Name (if app	plicable):						
Children going on mission (who are under 16 years of age)							
Name			DOB (y/m/d) Pass		port No.:	Expiry Date:	
			/	/			-
		<u> </u>	/				
			/	/			
Citizenship: Canad	dian Othe	r:					_
Passport number:				Expiry of		/ /	
(Please ensure that your passports are current. Also check that they are valid until at least six months after the mission's conclusion date.)							
Current profession, trade or work:							
Employer:				Lengt	h of time e	mployed:	

Other expertise (hobbies, etc.))					
Languages spoken (other than	English):					
Previous missions experience	 :					
General health condition:	Good	Fair	Poor			
Please list any known medical conditions and any medications you are taking:						
What do you consider to be you	our personal str	engths?				
Describe when and how you oportion of the ETS Series, ple			onally. If you ha	ive completed the testing	nony	
Please explain why you would	d like to partici	pate on a projec	t with Disciplesh	ip International.		

What etc.)_	·	affiliation and involvement? (Member, home group leader				
I am	familiar with	Sharing my testimony Bridge Illustration				
I am	comfortable using:	Sharing my testimony Bridge Illustration				
I hav	e taught others:	To share their testimony Bridge Illustration				
		forms. Please have one filled out by your pastor, church elder, or Discipleshi and the other by a friend. These individuals will not only endorse your				
		ion they supply will be used in assembling teams.				
By si	gning below I, the unde	ersigned declare:				
1.	I am willing to partic	cipate in the mission activities to help communicate the message of Christ.				
2.	I have read, understood and agree with the enclosed Statement of Faith					
3.	I desire to be cultura	lly sensitive to the people to whom we minister (e.g. standards of dress,				
	make-up etc.) I agree	e for the duration of the project, to refrain from any personal habits (e.g.				
	smoking, alcohol etc	e.) that could be a hindrance to the effectiveness of the project.				
4.	I am willing to work	under the leadership of the Mission Director and will strive to work				
	harmoniously with n	ny team to accomplish the objectives of the project.				
5.	To the best of knowl	ledge, all the information given on this application is true and complete.				
Signa	ature:	Date:				
Pleas	e check the items that y	rou are enclosing with this application:				
	o Mission Wa	iver Form				
	o Emergency	Contact Form				
	o Statement of	f Faith				
	o References ((Pastor, Church elder or DI staff, and friend)				

o Photocopy of passport pages 2&3

FOR OFFICE USE ONLY					
Date application reviewed:Y	/M	/D			
	Accepted	Not Accepted			
Comments:					
Signed:		Date:			