

Short Term Mission Trip Application • Women of Grace USA

Please return to Mandy Swain c/o Women of Grace USA • P.O. Box 711 • Winona Lake, IN 46590 • swainab@gmail.com

Personal Data

Please circle one: *Mr.* *Mrs.* *Ms* Gender: *M* *F* Date of Birth: _____

Full Name _____ Preferred Name: _____

Address _____ City _____ State _____

Zip _____ Telephone _____ Cell _____

E-mail _____

Occupation Data

Current or most recent employer (if student name school) _____

Position held (year in school/major) _____

Bible Teaching Experience _____

Missions Data

Previous Missions Trip Experience? Y N If so, where and when?

1. _____ 2. _____ 3. _____

Foreign Languages Spoken? _____ Fluent/limited

Church Name _____ Church Phone # _____

Address _____

Emergency Data

Any Medical Conditions _____

Emergency Contact Name _____ Phone _____

Relationship _____

On the back of this form, please articulate your story: who you were before Jesus, how you came to know Him, & your life now.
On the back of this form, please include a brief description of your call and passion for this mission trip
(please use another paper if needed to explain anything further)

Signature _____ Date _____