



# Mission Team Application

NOTE: Please fill out the fillable PDF and email to [teams@extendglobal.org](mailto:teams@extendglobal.org).

Trip you are applying for: \_\_\_\_\_

## Contact Information

Legal Name \_\_\_\_\_  
*as it appears on passport* *preferred name*

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Country of Citizenship \_\_\_\_\_ SSN \_\_\_\_\_ Gender Male  Female

Marital Status \_\_\_\_\_

Permanent Mailing Address \_\_\_\_\_  
*street*

\_\_\_\_\_ *city state zip code*

Temporary/College Address \_\_\_\_\_  
*if applicable street*

\_\_\_\_\_ *city state zip code*

Email Address \_\_\_\_\_  
*most used other*

Phone Number \_\_\_\_\_  
*home cell work*

Are you on Facebook? Yes  No

How does your name appear on your Facebook account? \_\_\_\_\_

What is the best way to contact you?  email  cell phone  home phone  other \_\_\_\_\_

T-shirt size  S  M  L  XL  2XL

## For International Teams

Do you have a passport?  Yes  No Passport Number \_\_\_\_\_ Expiration Date \_\_\_\_\_  
If you do not have a passport it is advised to apply for one directly upon acceptance and send Extend Global a copy of the signed photo page.

## For Students

Name of School \_\_\_\_\_

Year in School \_\_\_\_\_ Major (if applicable) \_\_\_\_\_

## Work Information

Occupation \_\_\_\_\_ Title \_\_\_\_\_

Description \_\_\_\_\_

## Church Information

Home Church \_\_\_\_\_

\_\_\_\_\_ *address phone number*

Pastor's Name \_\_\_\_\_ Church Affiliation \_\_\_\_\_



# Mission Team Application

In what ways are you involved in your church or other ministries?

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## Health Information

Please describe your health including any physical or dietary limitations.

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Do you or have you had any of the following:

- Asthma
- Psychiatric Counsel
- High Blood Pressure
- Eating Disorder
- Pregnancy
- Diabetes
- Migraine Headaches
- Nervous Disorder/Seizures
- Fainting
- Heart Trouble

Please Explain \_\_\_\_\_

Are you currently taking any medications?  Yes  No If yes, please list \_\_\_\_\_

Are you able to endure heightened physical activity or "rough it"?  Yes  No

If no, please explain \_\_\_\_\_

List any medical training or certificates. \_\_\_\_\_

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Emergency Contact \_\_\_\_\_  
*name relationship phone number*

Emergency Contact \_\_\_\_\_  
*name relationship phone number*

Primary Physician \_\_\_\_\_  
*name clinic phone number*

Date of last tetanus shot \_\_\_\_\_ Blood Type \_\_\_\_\_

It is Extend Global's policy for team members to abstain from alcohol, tobacco, vaping and illegal drugs during the mission.

- I agree to this policy.
- I have concerns I'd like to discuss.

**References**  Please check if you have been on a mission project with Extend Global in the past. (You do not need to fill out the references section if you have been on a previous trip with us.)

*References will be sent electronically. Please be certain email addresses are correct and current.*

\_\_\_\_\_  
*pastor or church leader email address phone number*

\_\_\_\_\_  
*address*

\_\_\_\_\_  
*name email address phone number*

\_\_\_\_\_  
*address*

\_\_\_\_\_  
*name email address phone number*

address Questions

Please describe your relationship with Jesus Christ.

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What does your relationship with the Lord look like your everyday life?

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What talents or skills do you have that the Lord can use on your outreach? (e.g. arts and crafts, music, drama, electrician, carpenter, auto mechanic, pastor or teacher)

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Have you had previous experience on the mission field or traveled in a foreign country? If yes, please list countries and experiences.

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What foreign language abilities do you have?

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What is the correct way to be under authority and handle conflict?

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