

Elim Church

Short Term Mission (STM)

APPLICATION FORM

Casa De Luz, Primo Tapia, MEXICO - 2019

Please scan and email this completed application to mattj@elimchurch.ca on or before **September 30, 2018**.

The information on this application form will be kept in strictest confidentiality by the Elim Missions leadership.

ACCEPTANCE: Once we have received and reviewed your application, you will be contacted regarding your acceptance to the STM team to Casa De Luz, Primo Tapia, MEXICO - 2019. The Elim Missions Committee has the right to refuse acceptance of any applicant and will discuss with you any reasons for that refusal.

SPONSORSHIP: Everyone accepted to the Casa De Luz, Primo Tapia, MEXICO – 2019 team will be responsible to pay their own expenses (raise the needed support) for the STM.

Cost: \$1,300 - A \$500 non-refundable deposit will be required by October 31, 2018.

****While on an Elim STM the use of alcohol, illegal drugs and tobacco products will not be allowable. Any violation will result in immediate dismissal from the team.**

APPLICANT INFORMATION

Name (**exactly as printed on your passport**)

Current address

City	Prov.	P/C
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Cell	Home Tel	Work Tel
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Email address

Date Of Birth	Nickname
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Marital Status	
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Citizenship	Do you have a valid passport? () Yes () No
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Passport #	Expiration date of passport
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Do you have extended Medical Insurance? () Yes () No	Provider (if insured)?
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SPIRITUAL INFORMATION

Is Elim your home church?

If not, are a part of another church?	Tel:
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Have you ever been on a STM? () Yes () No

If Yes... Where?

When?

Name of group or church?

Name, phone # and/or email address of group leader?

Ministries you are involved with at church

Describe any volunteer work you do in the community

If you are a Christian, describe how and when you became a follower of Jesus

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Have you been baptized in water? () Yes () No	
If Yes... where?	When?
What do you see as your strongest character quality and why?	
WORK EXPERIENCE / TALENTS	
Please list any specific talents you have [i.e. construction, music, medical, mechanic, teaching, ESOL (English for Speakers of Other Languages), etc.]	
Where are you presently employed?	
Position?	How long?
Do you speak any foreign languages fluently? () Yes () No	
If yes, what are they?	
HEALTH INFORMATION:	
Do you have or have you ever had?	
<input type="checkbox"/> Fainting spells <input type="checkbox"/> Heart problems <input type="checkbox"/> Diabetes <input type="checkbox"/> Seizures <input type="checkbox"/> Eating disorder <input type="checkbox"/> Frequent and/or severe headaches <input type="checkbox"/> Nervous breakdown <input type="checkbox"/> Mental problems <input type="checkbox"/> Asthma <input type="checkbox"/> Allergies <input type="checkbox"/> Hearing difficulties <input type="checkbox"/> High/Low blood pressure <input type="checkbox"/> Breathing problems <input type="checkbox"/> Arthritis <input type="checkbox"/> Digestive problems <input type="checkbox"/> Back or neck problems <input type="checkbox"/> Respiratory problems <input type="checkbox"/> Other issues of concern	
Explain each health issue of concern	
Do you have any condition which might affect your ability to fully function on a STM (i.e., fear of flying, depression, anxiety, sleeping disorders)? () Yes () No If yes, please explain	
Do you have any chronic illnesses or are you suffering physically in any way? () Yes () No If yes, please explain	
Do you have any allergies and /or dietary restrictions? () Yes () No If yes, please explain	
Are you presently under medication prescribed by a doctor? () Yes () No If yes, please explain	
Does your health insurance cover you overseas? () Yes () No	
How would you describe your health and fitness? () Excellent () Good () Average ()Needs work	

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PERSONAL INFORMATION:

Please briefly explain why you want to participate in this STM

What are your personal expectations for this STM?

How does your spouse/family feel about you participating in this STM?

EMERGENCY CONTACT NUMBERS

Name

Relationship to you	Email Address		
Address			City
Prov.		P/C	
Home Tel	Work Tel	Cell	

Name

Relationship to you	Email Address		
Address			City
Prov.		P/C	
Home Tel	Work Tel	Cell	

REFERENCES

Please list 2 people in your life (other than family members) we can contact to ask about your character

Name	Contact Info
Name	Contact Info

SIGNATURE

The Elim Missions leadership requires compliance with directives given regarding conduct, cultural sensitivity and lifestyle. Team members come at their own risk, and Elim Church is not liable in the event of sickness, accident, or death. All of the preceding information on this application is true and accurate and I am in agreement with all of it. My signature confirms this.

Signature of applicant	Date
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