

**Greentree Community Church
Student Ministries
International Mission Trip Application**

**Honduras July 18-24, 2020
(rising 9th – high school graduates)**

Due February 1, 2020



Greentree Community Church

International Mission Trip Application

PERSONAL INFORMATION

Full Legal Name _____

First Name (you prefer to be called) _____

Street Address _____

City, State, Zip _____

Cell Phone (____) ____ - ____ Home (____) ____ - ____

Email _____

Date of Birth ____ / ____ / ____ Gender: Male Female

Do you have a current Passport: Yes No

If YES, refer to passport for the following:

Passport Number _____ Issuing Authority _____

Date of Issue ____ / ____ / ____ Date of Expiration ____ / ____ / ____

Does the name on your passport match **EXACTLY** your full legal name above? Yes No

If NO, record name **EXACTLY** as shown on passport _____

Have you ever traveled internationally? Where, when, and why? _____

INDIVIDUAL TO CONTACT IN AN EMERGENCY: _____

Relationship to Candidate _____

Email for distribution list _____

Primary Phone (____) ____ - ____ Other Phone (____) ____ - ____

PHYSICAL INFORMATION

List all medical conditions, disabilities, and/or special needs that would be helpful for your team leaders to be aware of:

List all allergies (food, drug and other). What is your reaction/severity of these allergies?

List all prescription or over-the-counter medications you are presently taking (including any generic names) and include the strength/dosage of each:

Circle any activity or condition you are unable to tolerate:

Rigorous outdoor activity
High Altitudes
Restricted diet

Extreme Temperatures (high or low)
Poor air quality
Flying

Long periods of standing
Long periods of sitting
Long periods of walking

Please explain any you marked:

SPIRITUAL INFORMATION

Please share in 2-3 paragraphs your journey to faith. Describe your relationship with Jesus. (use a separate page for this answer)

How long have you been involved in Greentree Student Ministries? _____

Have you ever participated in a mission trip? Yes No
If yes, where?

Are you willing to call or write family/friends to pray for you and the team? Yes No

PERSONAL INFORMATION

Which do you consider yourself? Introvert Extrovert Leader Follower

List 3 of your strengths:

List 3 of your weaknesses:

Have you ever been involved in any criminal activity?: Yes No (if yes, please explain)

Are there any struggles, family situations, unhealthy behaviors you have been dealing with in the last 12 months?

Why are you considering/feeling called to participate in this short-term mission project?

What concerns/fears do you have about this specific mission project?

To the best of my knowledge, the information supplied in this application is accurate and truthful. I understand that as part of this application I am required to turn in a non-refundable deposit made payable to Greentree Community Church. I will abide by the rules, schedules, and expectations established by our GTCC Student Ministry staff & team leaders. I also give Greentree Community Church and the leadership of this team permission to have me treated in the case of any medical emergency. I will not hold Greentree Community Church liable for treatment rendered.

I agree to honor financial deadlines associated with this mission trip including my balance paid in full two weeks prior to departure. I understand that there are no refunds issued should I opt out of this trip at any point prior to departure.

If you are under 18 years of age at the time of this application, signature of your parent or legal guardian is required. Parent/Legal Guardian's signature below indicates approval for the minor child to participate in this Short-Term Missions Project of Greentree Community Church.

Student signature_____

Student print name_____

Date_____

Signature of Parent/Guardian (if student is under 18)_____:

Parent/Guardian print name(if student is under 18)_____

Date_____

