



## Mission Trip Application

(Please print dark and legible)

I do hereby make application to attend a Living Water Teaching mission trip to the country of \_\_\_\_\_ during the month of \_\_\_\_\_, \_\_\_\_\_.

1. Legal Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_
2. Preferred name: \_\_\_\_\_ E-mail: \_\_\_\_\_
3. Mailing Address: \_\_\_\_\_
4. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
5. Home Telephone: (\_\_\_\_)-\_\_\_\_-\_\_\_\_ Work Telephone # (\_\_\_\_)-\_\_\_\_-\_\_\_\_
6. Cell phone: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_\_
7. Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_
8. Marital Status: \_\_\_\_\_ Current Occupation: \_\_\_\_\_
9. Dependent Children: \_\_\_\_\_ Citizen of what country? \_\_\_\_\_
10. If you are not a U.S. citizen, under what immigration statutes of permission are you in the U.S.? \_\_\_\_\_  
When does your permission expire? \_\_\_\_\_
11. Passport # \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_
12. Country of issue? \_\_\_\_\_
13. If not the US, in which country did you attain your passport?  
\_\_\_\_\_
14. What special skills do you have? (Example: Carpentry, Secretarial) \_\_\_\_\_  
\_\_\_\_\_
15. What foreign language(s) do you speak? \_\_\_\_\_  
How fluent are you in each? \_\_\_\_\_
16. Do you have any previous foreign mission experience? \_\_\_\_\_  
If so, in what country (ies)? \_\_\_\_\_ When? \_\_\_\_\_  
With what organization (if any)? \_\_\_\_\_
17. Are you a high school graduate? \_\_\_\_\_ How many years of college? \_\_\_\_\_  
Type of degree? \_\_\_\_\_ Graduate School? \_\_\_\_\_  
Type of trade school or apprenticeship? \_\_\_\_\_
18. Date of last physical exam? \_\_\_\_\_ Doctors name? \_\_\_\_\_
19. Do you now have or have any history of: (if yes, explain below)  

_____ Tuberculosis	_____ Cancer, Type _____	_____ Typhoid Fever
_____ Diabetes	_____ Heart Trouble	_____ Leukemia
_____ High Blood Pressure	_____ Mental Illness	_____ Epilepsy
_____ Blindness	_____ Deafness	_____ Syphilis
_____ Low Blood Pressure	_____ Surgery _____	

  
\_\_\_\_\_ Do you have any health problems that could hinder you while on the trip?  
Explanation(s): \_\_\_\_\_  
\_\_\_\_\_
- General health for the past 2 years: \_\_\_\_\_ Excellent \_\_\_\_\_ Fair \_\_\_\_\_ Poor
20. Do you now use alcohol? \_\_\_\_\_, tobacco? \_\_\_\_\_, illegal drugs? \_\_\_\_\_
21. If so, how recently and to what degree? \_\_\_\_\_
22. Name of your church you now attend: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Pastor's Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
How long have you attended this church? \_\_\_\_\_
23. When were you born again? \_\_\_\_\_ Spirit filled? \_\_\_\_\_
24. What Christian service have you done (Teaching Sunday school, Youth Work, Music Ministry, Usher, etc...) \_\_\_\_\_  
\_\_\_\_\_
25. Do you feel you are called to be a full-time missionary? \_\_\_\_\_