



Glad Tidings Missions
APPLICATION FOR SHORT-TERM MISSIONS TRIP

Destination Country: _____ **Dates:** _____

I. General Information

Name (as it appears on your passport):

Last: _____ First: _____ Middle: _____

Address: _____

Tel: _____ Cell: _____ Email: _____

Gender (M/F): _____ Marital Status _____ Spouse's Name: _____

Occupation: _____

T-Shirt Size (Circle Size): M L XL XXL XXXL

II. Travel Information

Preferred airport for domestic departure: _____

Remember: send us 2 photocopies of your passport picture page once you have a passport

If you are in process of obtaining your passport, please leave the next 3 lines blank

Passport Number: _____ Citizenship: _____

Date of Issuance: _____ Date of Expiration: _____

Date of Birth: _____ Place of Birth: _____

III. Missions Information

Previous GTM trip (country/year): _____ / _____ GTM Leader: _____

Are you a licensed/ordained minister or a lay preacher YES NO

Would you be willing and able to give a devotional or speak at a service? YES NO

Foreign language(s) I speak: _____ Proficiency: Good Fair "Cloudy"

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Do you sing? YES NO Would you do special music on the trip? YES NO

Please share any special skills or abilities you would like to use during the trip:

(Puppets, Drama, Guitar, etc) _____

IV. Medical and Emergency Information (REQUIRED ... Please complete!)

Do you have any particular health problems? YES NO

Describe: _____

Are you now taking, or will you be taking, any medication(s)? YES NO

List medications: _____

List any chronic diseases or allergies you have: _____

List any sleeping conditions you have (snoring, insomnia, etc): _____

Emergency Contact #1 (Do not use people who will be traveling with you on the trip.)

Name: _____ Relationship: _____

Address: _____

City/State/Zip: _____

Telephone: HOME () _____ WORK () _____

Emergency Contact #2

Name: _____ Relationship: _____

Address: _____

City/State/Zip: _____

Telephone: HOME () _____ WORK () _____

V. Ministry Information

Home Church: _____

Pastor: _____ Telephone: () _____

Church Address: _____

What ministry involvement and/or training have you had in your church? _____

How did you hear about this trip? _____

What are you praying that God will do in and through you on this trip? _____

VI. Pastoral Endorsement (Please have a pastoral staff member of your church sign below.)

I recommend that this Applicant represent Jesus Christ and our church on mission field with Glad Tidings Missions (New Mercies Christian Church) to do the work on mission outreach.

Pastor's Name: _____ Pastor's Phone: () _____

Pastor's Signature: _____ Signature Date: _____