

MISSIONS APPLICATION FORM



Missions Impact trip to _____

PERSONAL INFORMATION

Name: _____
(as it appears on passport)

Passport Number: _____ Expiry Date: _____

Nationality: _____ Occupation: _____

Date of Birth: _____ Email: _____

Home Address: _____

Phone Number: _____ (home) _____ (mobile)

(please submit a photocopy of your passport for team safe-keeping and emergencies)

EMERGENCY CONTACT

Name: _____ Contact Number: _____

QUESTIONS

1. What are your spiritual gifts and talents? (e.g. music, teaching, drama)

2. Are you able to self-finance this Missions Impact trip?

Yes No Partial

3. Are you on medication or receiving any medical attention? If so, please give details.

4. Why do you want to participate in this Missions Impact trip? Please list your objectives.

Criteria for acceptance

1. Completion of all Missions Impact training provided by team leaders.
2. Active involvement in mobilising a prayer team for the duration of the trip.
3. Payment of all financial commitments before the trip.
4. An ongoing demonstration of Christian maturity and submission to team leaders.

Please note that travel insurance is optional and is at your personal expense.

I agree to the above criteria.

Name: _____ Signature: _____ Date: _____

Please mail your completed form to: Level 3, Suite 27
Broadway Fair Shopping Centre
88 Broadway
Nedlands WA 6009