

MISSION HILLS CHURCH  
**SHORT-TERM MISSION TRIP APPLICATION - ADULT**

"EMPOWERING THE REACHED TO REACH THE UNREACHED"

Thank you for your interest in Short Term Mission Trips. To help us get to know you better, each team participant (adult or minor (under 18)) applying MUST fill out a separate application. If you are a minor, a parent/legal guardian MUST complete and sign the form for you. (We do not recommend taking children under the age of 5 on these Short Term Mission Trips.) A deposit of \$50 per adult and \$20 per minor (\$50 maximum for participating minors) is required when you submit the application to the Outreach Department. We MUST see your application to consider your eligibility for any Short Term Mission Trip.  
For questions please contact the Outreach Department at 303-794-3564.

TODAY'S DATE:

**TRIP INFORMATION**

DESTINATION COUNTRY:  LEAVING DATE:

DESTINATION CITY:  RETURN DATE:

TYPE OF TRIP:  1ST MHC 1xN5 TRIP?  YES  NO

SPONSOR/NATIONAL HOST:

HOW WILL YOU RAISE FINANCIAL / PRAYER SUPPORT FOR THIS TRIP?

FOR MHC MEMBERS/REGULAR ATTENDERS: ARE YOU REQUESTING FINANCIAL SUPPORT FROM MHC FOR THIS TRIP?  
IF YES, WHAT AMOUNT DO YOU NEED?   YES  NO

FOR MHC MEMBERS/REGULAR ATTENDERS: HAVE YOU RECEIVED FINANCIAL SUPPORT FROM MHC BEFORE?  
IF YES, WHICH TRIP IN WHICH YEAR?   YES  NO

**PERSONAL INFORMATION**

LEGAL NAME:  DATE OF BIRTH:   
(as it appears on Passport)

ADDRESS:   FEMALE  
 MALE

CITY:  STATE:  ZIP CODE:

HOME PHONE:  CELL PHONE:  WORK PHONE:

EMAIL:

PARENT/LEGAL GUARDIAN NAME:   
(required information for minors)

**PASSPORT INFORMATION**

PASSPORT #:  ISSUE DATE:  EXPIRATION DATE:

ISSUING AUTHORITY:

PLACE OF BIRTH:  NATIONALITY:

**EMERGENCY CONTACT INFORMATION**

NAME:  RELATIONSHIP:  CELL PHONE:

EMAIL:  HOME PHONE:

## MEDICAL INFORMATION

PERSONAL PHYSICIAN:

PHONE:

VACCINATIONS: Have you received?

BLOOD  
TYPE:

TETANUS:

YES  NO

DATE:

HEPATITIS B:

YES  NO

DATE:

HEPATITIS A:

YES  NO

DATE:

YELLOW FEVER

YES  NO

DATE:

POLIO

YES  NO

DATE:

TYPHOID

YES  NO

DATE:

MMR:

YES  NO

DATE:

OTHER (INCLUDE DATES):

### ALLERGIES

ALLERGY:

TYPE OF REACTION:

ALLERGY:

TYPE OF REACTION:

ALLERGY:

TYPE OF REACTION:

### REQUIRED MEDICATION:

NAME:

DOSAGE:

FREQUENCY:

NAME:

DOSAGE:

FREQUENCY:

NAME:

DOSAGE:

FREQUENCY:

NAME:

DOSAGE:

FREQUENCY:

PLEASE LIST ALL OTHER MEDICATIONS  
YOU ARE TAKING ON THIS TRIP:

(Include over-the-counter medication)

DO YOU HAVE/WEAR:  EYEGLASSES

CONTACT LENSES

HEARING AID

PACEMAKER

PLEASE DESCRIBE IN DETAIL ANY  
PROBLEMS OR DISEASES THAT  
MEDICAL PERSONNEL SHOULD BE  
AWARE OF IN CASE OF EMERGENCY:

## MEDICAL INSURANCE INFORMATION

US INSURANCE PROVIDER:

PHONE:

GROUP POLICY #:

INDIVIDUAL POLICY #:

## CHURCH INFORMATION

NAME:

MEMBER

REGULAR ATTENDEE

ADDRESS:

SINCE (DATE):

CITY:

STATE:

ZIP CODE:

PLEASE (BRIEFLY) DESCRIBE  
YOUR CHURCH ACTIVITIES/  
INVOLVEMENT:

## SPIRITUAL INFORMATION

DO YOU HAVE ANY PREVIOUS STM TRIP OR CROSS-CULTURAL EXPERIENCE? PLEASE EXPLAIN!

HOW IS GOD PREPARING YOU FOR THIS TRIP? WHAT DO YOU PERSONALLY HOPE TO GAIN FROM THIS TRIP?

WHAT DO YOU FEEL WILL BE YOUR GREATEST STRENGTHS AND GREATEST CHALLENGES ON THIS TRIP?

HOW DO YOU THINK YOUR EXPERIENCE MIGHT BENEFIT OUR CHURCH AND GOD'S KINGDOM?

BRIEFLY EXPLAIN HOW YOU CAME TO KNOW CHRIST AS YOUR SAVIOR AND LORD.  
(Attach a separate sheet if needed)

## CONDUCT AGREEMENT

**IF ACCEPTED FOR THIS TRIP, I AGREE TO:**  
(Please check each statement)

- Uphold the Mission Hills Church Statement of Faith (see [www.missionhills.org](http://www.missionhills.org) for statement of faith)
- Abide by the covenant and lifestyle requirements specific to this trip
- Respect my team mates and the authority and decisions of my team leaders
- Attend all training and debrief meetings connected with the trip
- Meet all financial responsibilities I have committed to
- Abide by the guidelines specified in the policy manual regarding bringing/using alcohol
- Not bring / use drugs or tobacco
- Not go into the sleeping quarters of team members of the opposite sex
- Respect the property of others
- To only wear one-piece swimming suits (for women)
- Not wearing offensive or immodest clothing
- Not bringing / using weapons, fireworks, or explosives

**PARTICIPANT SIGNATURE:**

**TODAY'S DATE:**

**PARENT/LEGAL GUARDIAN SIGNATURE:**

(required if participant is under 18)

**TODAY'S DATE:**