MISSION PERU APPLICATION FORM (June 26th-July 6th, 2019)

(●Please print, fill out and hand in to you key youth leader●)

NAME: _____ _____
First Middle Last Nickname / Preference

ADDRESS: _____ CITY: _____

PROVINCE: _____ POSTAL CODE: _____

EMAIL: _____ HOME CHURCH: _____

DATE OF BIRTH: _____ CITIZENSHIP: _____
(yy/mm/dd)

PASSPORT #:_____ EXPIRY DATE: _____

EMERGENCY:

FIRST CONTACT PERSON: _____RELATIONSHIP: _____

ADDRESS: _____ CITY: _____

PROVINCE: _____ POSTAL CODE: _____

HOME PHONE #: ( ) _____CEL. #: ( ) _____WORK #: ( ) _____ (ext): _____

SECOND CONTACT PERSON: _____RELATIONSHIP: _____

ADDRESS: _____ CITY: _____

PROVINCE: _____ POSTAL CODE: _____

HOME PHONE #: () _____CEL. #: ( ) _____WORK #: ( ) _____ (ext.): _____

FAMILY AND HEALTH INFORMATION: (Please check your answer for each of the following)

Are you taking any medication under a doctor's direction? **Yes**: **NO**:

*If **YES**, please explain why and for how long you're taking the medication for:*

Do you require a special diet? **Yes**: **NO**:

*If **YES**, please explain further:*

Do you have any chronic health problems or physical limitations? **Yes**: **NO**:

*If **YES**, please list all:*

Is there any reason you would not be able to engage in rigorous outdoor activity, primitive living, high altitudes, extreme temperatures, etc.?

Yes: **NO**:

*If **YES**, please explain further:*

CHRISTIAN LIFE INFORMATION: List and comment on your three greatest strengths and weaknesses

GREATEST STRENGTHS	GREATEST WEAKNESSES

Briefly describe any Christian Ministries you have been OR are currently involved with:

How well do you deal with uncertainty and change? And would you be willing to forego personal preferences to honour the culture of the country in which you are going?

What aspects of teamwork would you find challenging? And what aspects would you enjoy?

Answer the following on a separate sheet of paper:

1. **What are your regular habits of prayer?**
2. **How and when did you come to know Christ personally? *(about a page)***
3. **In 50 words or less, what do you hope to gain from this mission trip?**

MINISTRY EXPERIENCES:

1. **Can you briefly share your testimony with another person?** **Yes**: **NO**:
2. **Can you effectively share your faith?** **Yes**: **NO**:
3. **Do you feel comfortable praying in public?** **Yes**: **NO**:

REFERENCES:

To assist us in evaluating your application, we need references from people who know you well, and NOT A RELATIVE.

PASTOR / ELDER (Mr. / Mrs. / Miss / Ms.)

NAME: _____ JOB TITLE:_____
First Last

EMAIL: _____ CITY: _____

PROVINCE: _____ PHONE#: ( ) _____

CHRISTIAN FRIEND (Mr. / Mrs. / Miss / Ms.)

NAME: _____ JOB TITLE: _____
First Middle Last

EMAIL: _____ CITY: _____

PROVINCE: _____ PHONE#: ( ) _____

EMPLOYER / TEACHER (Mr. / Mrs. / Miss / Ms.)

NAME: _____ JOB TITLE: _____
First Middle Last

EMAIL: _____ CITY: _____

PROVINCE: _____ PHONE#: ( ) _____

KEY NOTES:

APPLICATIONS ARE DUE BY OCTOBER 8, 2018. PLEASE APPLY FOR YOUR PASSPORT IMMEDIATELY IF YOU DON'T ALREADY HAVE ONE. IF YOU DO HAVE A PASSPORT, MAKE SURE THE EXPIRATION DATE IS LATER THAN 6 MONTHS FROM THE RETURN DATE OF THE TRIP.
A $200 DEPOSIT (PAYABLE TO YOUR CHURCH) WILL BE DUE BY OCTOBER 15, 2018 IF YOU ARE SELECTED TO GO. THE TOTAL COST FOR THE TRIP WILL BE $2450.
IT IS YOUR RESPONSIBILITY TO CONTACT YOUR DOCTOR AND OBTAIN THE PROPER VACCINATIONS YOU NEED TO TRAVEL.