

The Church of Grace and Peace

Mission Trip Application

Isaiah 52:7

⁷ How beautiful on the mountains
are the feet of those who bring good news,
who proclaim peace,
who bring good tidings,
who proclaim salvation,
who say to Zion,
“Your God reigns!”

Mission: _____

Trip Date: _____

Name: _____

Address: _____

City: _____ State: _____ zip: _____

Date of Birth: _____ Email: _____

Home Phone: _____ Cell Phone: _____

Marital Status: _____ Spouse: _____

Occupation: _____ Position: _____

Home Church: _____ Are you membered there? _____

Do you attend Church Grace and Peace? _____ How often do you attend? _____

Please list the ministries in which you are involved: _____

Do you know Jesus Christ as your personal Lord and Saviour? _____ How long? _____

Have you been water baptized? _____ Have you been baptized in the Holy Spirit? _____

If yes, approximately how long? _____

MISSION

Have you join a mission trip before this one? _____ Where? _____

Why do you want to join this mission?

What do you hope and expect to accomplish while on this mission? *(If you need additional space, please continue on reverse side.)*

Do you have any concerns about joining this mission? ____ If so, what are they? _____

GIFTS AND TALENTS

What are your spiritual giftings? _____

What are you skills and talents? (i.e. construction, plumbing, administrative, prayer, sing, play an instrument, etc.): _____

What area(s) do you feel you can make the greatest contribution?

Language(s) spoken (besides English) & degree of fluency: _____

Is there or are there any people group (s) you could/ would not minister to? _____

If so, please list who they are? _____

Why? _____

HEALTH SECTION

Do you have any health issues or physical limitations/challenges (i.e. walking long distances)?__

If so, please list: _____

Please describe any medical condition that a doctor may need to know of during the mission:

What prescription medications do you take (generic name, strength and frequency of dosage)?

Do you have asthma? _____ Please list allergies, if any: _____

What is your blood type? _____ Physician's name and tel. no. _____

Do you have any diet restrictions? _____ What are they? _____
(If so, please know we may not be able to accommodate your diet requirements.)

SUPPORT

Who is supporting you in prayer? _____

Are you willing to do outreach in order to financially help support the cost of your trip? _____

In the event of an emergency, whom should we notify? _____

Contact information: _____

LOGISTICS

Do you have a current passport? _____ Passport no. _____

What is the expiration date? _____

AGREEMENT

The leadership for mission trips is prayerfully selected. They are in place for order and your safety. You will be expected to follow their lead, instructions and their authority.

Attend all team meetings possible, both prior to departure and during the mission.

Expediently follow up on all requirements for passports, visas, financial obligations, vaccinations, travel insurance, etc.

Participate in team fundraising opportunities.

All use of alcohol, illegal drugs, smoking is prohibited.

Refrain from meddling, murmuring and complaining, as well as insensitive humor. Travel can be challenging. A flexible and supportive attitude is appreciated especially if plans need to be altered for the good of the mission. All are to travel together with the team, unless other prior arrangements have been made and approved.

Remember we are Christians from different part of the country or world and will be watched closely. It is important to be mindful that you will be setting an example of Christ with your actions and words.

Refrain from giving gifts, such as money, jewelry, etc. Although the intent of the giver good, the result may lead to problems for the host and cause jealousy and bitterness amongst the locals that receive no such largess. If compelled to gift something please first consult with the team leader and allow him/ her to make the final decision.

While on mission you/ we are a servant-disciple(s) of the local Pastor.

In the event of misconduct that jeopardizes the mission, and when mediation has failed to correct behavior, your services in connection with this mission shall end. You will return home immediately at your expense.

In case of an emergency, recommend parents/ guardians have a current passport.

In signing below, I agree to the policies set forth by the Church of Grace and Peace and this agreement.

Signature _____ Date _____

Parent's or Guardian's Signature _____ Date _____
(Required for participants under age 18)

Elders Approval _____ Date _____

*“How, then, can they call on the one they have not believed in? And how can they believe in the one of whom they have not heard? And how can they hear without someone preaching to them?”
Rom. 10:14*

Then Jesus came to them and said, “All authority in heaven and on earth has been given to me. Therefore go and make disciples of all nations, baptizing them in the name of the Father and of the Son and of the Holy Spirit, and teaching them to obey everything I have commanded you. And surely I am with you always, to the very end of the age.” Matt. 28:18-20

“After this I looked, and there before me was a great multitude that no one could count, from every nation, tribe, people and language, standing before the throne and before the Lamb. They were wearing white robes and were holding palm branches in their hands.” Rev. 7.9

**PLEASE RETURN COMPLETED APPLICATION TO THE
CHURCH OF GRACE AND PEACE, MISSIONS BOARD**

4/2014