



International Ministries

Short-Term Missionary Application

Trip Destination and Dates: _____

General Information

Full Name: _____ Today's Date: _____

Address: _____ City: _____ State/Zip: _____

Home Phone: _____ Work Phone: _____ Cell : _____

E-mail Address: _____

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Date of Birth: _____ Citizenship (if not US Citizen, please state status): _____

Have you ever been denied a visa? Yes ___ No ___ If yes, what country? _____

Passport No. _____ Expiration Date: _____

If aged 17 or under, please list parent or guardian names that will travel with you on this trip: _____

Medical Background

In case of emergency contact the following:

Name: _____ Relationship to Applicant: _____

Address: _____ City/State/Zip: _____

Home Phone: _____ Work Phone: _____ Cell: _____

Pertinent Medical History (allergies, medications, medical conditions): _____

Are you aware that you are responsible for whatever shots and medications required for the region you are traveling to?

___ Yes (please check) Signature: _____ Date: _____

Contact your doctor to discuss the shots and medications that are required for the region you are traveling to, these may include Malaria Pills, Yellow Fever Shots, Hepatitis Shots, etc. You are responsible for the cost of any vaccinations needed.

Hopes and Expectations

Why do you want to be a part of this trip? _____

What are some of the things you would like to gain as a result of going on this mission trip? _____

Church Involvement

Name and address of home church: _____
City: _____ State/Zip: _____ Phone: _____
Name of Pastor: _____ How long have you attended? _____
How regularly do you attend services? _____

Experience

Have you been involved in any short-term mission projects in any other cultures? Describe. _____

In addition to short-term mission experiences, have you traveled or lived in other countries? _____

Do you speak/write languages other than English? What is your level of ability? _____

Describe your other ministry experiences: _____

What do you consider to be your spiritual gifts and/or strengths? _____

What occupational skills do you have? Please check all that apply.

<input type="checkbox"/> A/V Specialist	<input type="checkbox"/> Drawing/Painting	<input type="checkbox"/> Managing/Administration	<input type="checkbox"/> Semi-Truck Driver
<input type="checkbox"/> Agriculture	<input type="checkbox"/> ESL Education	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Sewing
<input type="checkbox"/> Animal Husbandry	<input type="checkbox"/> Farming	<input type="checkbox"/> Mechanics (Auto)	<input type="checkbox"/> Signing/Braille
<input type="checkbox"/> Architecture	<input type="checkbox"/> Finance/Accounting	<input type="checkbox"/> Mechanics (General)	<input type="checkbox"/> Social Work
<input type="checkbox"/> Broadcasting	<input type="checkbox"/> Fork-Lift Operation	<input type="checkbox"/> Music Leading	<input type="checkbox"/> Solar/Wind Energy
<input type="checkbox"/> Child Care	<input type="checkbox"/> Gardening	<input type="checkbox"/> Music Performing	<input type="checkbox"/> Teaching
<input type="checkbox"/> Christian Education	<input type="checkbox"/> HTML/Web Design	<input type="checkbox"/> Office Work	<input type="checkbox"/> Typing
<input type="checkbox"/> Civil Engineering	<input type="checkbox"/> Irrigation	<input type="checkbox"/> Pastor	<input type="checkbox"/> Video/Photography
<input type="checkbox"/> Computers	<input type="checkbox"/> Landscaping	<input type="checkbox"/> Professor	<input type="checkbox"/> Water Systems Engineer
<input type="checkbox"/> Cooking	<input type="checkbox"/> Legal Help	<input type="checkbox"/> Puppetry/Clowning	<input type="checkbox"/> Writing
<input type="checkbox"/> Counseling	<input type="checkbox"/> Leading Bible Study	<input type="checkbox"/> Quilting	<input type="checkbox"/> Other

Contact information of two character references:

_____ Time known: _____

_____ Work Phone: _____

_____ Time known: _____

_____ Work Phone: _____

I have completed this form honestly and answered the questions to the best of my ability:

Signature _____ Date _____

Thank you for your willingness to serve God in this way. Please complete and return this registration form to:

Open Arms International Ministries
c/o Jeff or Tonya Hoglen
550 Corner Oak Lane, St. Pauls, NC 28384