

# embrace

MISSION TRIPS

## Volunteer Project Participation Application

This form is for team leader mission trip selection use only. Please complete the form in its entirety and return the completed form with other mission trip application form materials to:

2019 Mission Trip Attn: Embrace and Women's Evangelism & Discipleship,  
205 Convention Dr., Cary, NC 27511.

Today's Date: \_\_\_\_\_

PLEASE PRINT

Dr. Mrs. Ms.

Name:

\_\_\_\_\_  
Last/Family First/Given MI

Informal Name:

\_\_\_\_\_

Sex: M F

Address:

\_\_\_\_\_

City:

\_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Best phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_\_

E-mail address:

\_\_\_\_\_

Birth Date:

\_\_\_\_/\_\_\_\_/\_\_\_\_

mo. day year

Birthplace:

\_\_\_\_\_

State/Country

Are you a U.S. citizen? Yes No  
If no, which country?

\_\_\_\_\_

Marital Status: Married Single

Spouse's name:

\_\_\_\_\_

Occupation:

\_\_\_\_\_

(If retired please give your former position below.)

Name as printed on your government issued ID:

\_\_\_\_\_

For mission trip insurance purposes, who is your beneficiary?

\_\_\_\_\_

Emergency Contact person, relationship to you and phone number:

\_\_\_\_\_

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## **Volunteer Project Participation Application**

1. What is your current church affiliation and participation? Please include the name and phone number of a church staff member who knows you well.
2. How (or from whom) did you learn of the mission trip?
3. Describe your cross-cultural living, training and/or travel experiences. What did you learn? What types of difficulties did you experience?
4. Briefly describe any major life changes you have gone through in the past year (e.g. job or family changes, illness, injury, death of a relative or close friend, etc.).
5. How do you know that God has called you to this project?
6. I plan on:
  - Paying my own way
  - Paying part of my way and trusting God to provide the balance
  - I will need God to provide all the finances
  - I need help learning how to develop my financial support team

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7. Please describe your (a) strengths, (b) ministry gifts or skills and (c) spiritual gifts.

8. Please describe your weaknesses.

9. Describe your personal devotional habits (i.e. quiet time, prayer life, worship life, etc.) and involvement at your local church.

10. Describe your growth and involvement in intercessory prayer. What books on personal prayer have you read recently?

11. Describe your personal knowledge of and interest in the people of Boston.

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## **Volunteer Project Participation Application**

12. How do your immediate family members feel about you applying and/or going on a volunteer trip?

13. Please check this box

- If you desire to discuss the following question "a" with your pastor. If you checked the box, please indicate the date we can expect to hear from either you or your pastor: \_\_\_\_\_.

Please note, any positive answers to the following questions do not necessarily disqualify you. All responses will be kept strictly confidential.

a. Are there any unresolved moral issues in your life that you need to speak to Christian leadership about?

- Yes - if yes, have you spoken to Christian leadership about this?
- No

b. Do you use any of the following substances? (i.e., tobacco products, alcohol, drugs)?

- Yes - if yes, please describe your usage.
- No

14. Explain any difficulties you may have working with Christians who have doctrinal viewpoints different from your own.

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15. Suppose you felt the leading of the Holy Spirit to take a direction or to act differently than what your team leader instructs. How would you handle this?

16. What type of evangelism training have you had? What type of evangelism training do you feel you need?

17. Please list any questions you would like answered below:

Signature (required): \_\_\_\_\_ Date: \_\_\_\_\_