

Trinity United Methodist Church Student Mission Application

Mission Trip Applying for: _____

PERSONAL INFORMATION

Name: _____

Address: _____

City/State/Zip: _____

Phones: (Cell) _____ (Home) _____

Email: _____ Sex: M / F _____

School: _____ Grade: _____ Date of Birth: _____ Age: _____

Mother's name (Students) _____

Father's Name (Students) _____

Citizenship: _____

Passport # _____ Exp: _____

EMERGENCY CONTACTS (during trip)

Emergency Contact 1: _____

Relationship: _____

Address: _____

Best Phone #'s: _____

Emergency Contact 2: _____

Relationship: _____

Address: _____

Best Phone #'s: _____

EDUCATION/EXPERIENCE

What skills, talents, or gifts do you have that may be especially beneficial to this team?

Please describe any previous service project or mission experience.

What is one goal that you have set and accomplished?

SPIRITUAL BACKGROUND

How long have you been attending Trinity Church? _____ Are you a member? _____

If not, do you belong or attend at another church? Which one? _____

Or are you here as a friend of a leader or student participant? Who? _____

Please give a brief spiritual history including where your relationship with God is today. Attach paper for more room.

If required by, and at the discretion of the Mission Team Leader(s), please list two references that will complete the attached reference forms for you:

Reference 1: _____

Reference 2: _____

If required, please give the reference forms to these individuals. The appropriate mailing address is included on the forms. It is your responsibility to be sure these references are turned in on time.

APPLICATION AGREEMENT - PARENTS AND TEAM MEMBERS...

I have completed the above information to the best of my knowledge and certify that it is true. I understand that, as a participant of a Trinity Church Student Mission Team, I represent Jesus Christ and will thus submit myself and my behavior to the code of conduct laid out by the mission leadership team. *(Please read and initial the following)*

If accepted:

- _____ I will attend all team meetings.
- _____ I will work with and obey all leaders placed in authority over me.
- _____ I will seek to maintain harmony with the rest of the team.
- _____ I will uphold the standards of conduct and be sensitive to adjust to the cultural aspects relevant to serving at this location.
- _____ I will complete all preparation requirements associated with this mission trip.

Participant Signature: _____ Date: _____

****IMPORTANT FOR PARENTS of MINORS****

I have read the above application and will support my child's involvement in the mission team. Furthermore, I will help my child live up to their commitments in conduct, requirements and finances.

**Parent Signature: _____ Date: _____

Please send this completed form to:
Attention: Trinity Mission Team
Trinity United Methodist Church
213 Main St.
Hackettstown, NJ 07840