



KEMPSVILLE

PRESBYTERIAN CHURCH, 805 Kempsville Rd., Virginia Beach VA 23464

### SHORT-TERM MISSIONS TRIP APPLICATION

COMPLETE APPLICATION & MEDICAL RELEASE, GET YOUR PASTORAL RECOMMENDATION, AND RETURN WITH CHECK TO KATE IN THE STM OFFICE

Full LEGAL NAME: \_\_\_\_\_ Nickname: \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_ Cell \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of birth \_\_\_\_\_ Email \_\_\_\_\_

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Occupation \_\_\_\_\_

I am applying for the trip to \_\_\_\_\_ scheduled for \_\_\_\_\_

MONTH /DAY/YEAR

T-shirt size (check):  S  M  L  XL  2XL

#### PASSPORT INFORMATION

If you are applying for an overseas trip and do not have a passport, apply immediately. The process can take several months, and visa applications for your specific country will take additional time after you receive your passport. Passport applications are available at most post offices or on-line at: <http://travel.state.gov/passport>.

Your name EXACTLY as it appears on your passport: \_\_\_\_\_

Passport # \_\_\_\_\_ Issue date \_\_\_\_\_ Expiration date \_\_\_\_\_

Birthplace: \_\_\_\_\_ Agency issuing passport: \_\_\_\_\_

#### CROSS-CULTURAL EXPERIENCE

Previous missions/cross-cultural experience \_\_\_\_\_

What foreign countries have you visited? \_\_\_\_\_

What languages do you speak besides English, and how fluently? \_\_\_\_\_

Why do you want to go on this trip? How do you hope to use your cross-cultural experience when you return?

#### CHURCH INVOLVEMENT

Are you a member/regular attendee of KPC?  Yes  No

If not KPC, where do you attend church regularly? \_\_\_\_\_

In what church activities are you regularly involved? \_\_\_\_\_

Name two people in the church family who know you well and would serve as references for you:

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_

**CHRISTIAN EXPERIENCE**

How and when did you receive Jesus as your Savior?

\_\_\_\_\_  
\_\_\_\_\_

Describe your growth in Christ and what He means to you \_\_\_\_\_

\_\_\_\_\_

What are your talents and skills? \_\_\_\_\_

What are your spiritual giftings? \_\_\_\_\_

**HEALTH INFORMATION**

Present health (Please check):  Excellent  Good  Fair  Poor

Check all that apply and provide a concise explanation:

Physical disability \_\_\_\_\_

Illness or condition for which you are being treated: \_\_\_\_\_

Allergies \_\_\_\_\_

Check if presently taking medication: *Please list all prescriptions and over the counter medications:*

Name: \_\_\_\_\_ Dosage: \_\_\_\_\_, Name: \_\_\_\_\_ Dosage: \_\_\_\_\_

Name: \_\_\_\_\_ Dosage: \_\_\_\_\_, Name: \_\_\_\_\_ Dosage: \_\_\_\_\_

Are you presently covered by health insurance (circle)?  Yes  No

**EMERGENCY INFORMATION**

Contact person(s) in case of emergency while traveling:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

I have read the KPC Short-Term Mission Trip Policies and Guidelines for Personal Fundraising. I understand my responsibilities as outlined there in terms of financial commitment, airline ticket purchase, attendance at team meetings, and other areas of preparation.

\_\_\_\_\_  
Date Signature

— IF APPLICANT IS A MINOR, A PARENT MUST ALSO SIGN APPLICATION —

I, the parent/guardian of the above applicant, have read and understand the KPC Short-Term Mission Trip Policies and the Guidelines for Personal Fundraising. I hereby give my child permission to participate.

\_\_\_\_\_  
Date Signature

**PASTORAL RECOMMENDATION** *Please have your pastor complete and return to Kate Chiricosta in the STM office (address on first page.)*

I do/ do not recommend this applicant for participation in a short-term missions trip with KPC.

Reasons for your response \_\_\_\_\_

If you do not recommend the applicant for participation at this time, what steps would you suggest the applicant complete before participating in a mission trip?

\_\_\_\_\_

Signature \_\_\_\_\_ Phone \_\_\_\_\_

If other than KPC pastor — name of church \_\_\_\_\_

