



MISSION TRIP APPLICATION

Please complete this application and submit it to Pastor Courtney Good (courtneygood@gtaog.org) along with a recent photo of yourself. We will contact you to set up a time to meet with you. Thank you!

GENERAL INFO

LEGAL NAME _____
First Middle Last

DATE OF BIRTH ____/____/____ GENDER: Male Female MARITAL STATUS: Single Married
mm dd yyyy

ADDRESS _____
Street City State Zip Code

HOME PHONE _____ CELL PHONE _____

EMAIL ADDRESS _____

OCCUPATION _____ EMPLOYER _____

T-SHIRT SIZE: S M L XL XXL

DO YOU CURRENTLY HAVE A VALID U.S. PASSPORT? Yes No

DO YOU HAVE A PASSPORT FROM ANOTHER COUNTRY? Yes _____ No

WHICH TRIP ARE YOU APPLYING FOR?

- Argentina | April 13-20, 2012 (Greg & Robyn Hubbard)
- Dominican Republic | June 2012 (Eran Holt) **This trip is for students in 8th - 12th grade*
- India | June 25 - July 5, 2012 (Greg & Robyn Hubbard)
- Romania | July 13-20, 2012 (Greg & Robyn Hubbard)

How would you explain to someone you recently met 1) what it means to be a Christian and 2) what a person must do to become a Christian?

What are you doing to grow in your faith?

What is the most significant thing God is doing in your life right now? What do you believe He is teaching you?

Is there anything in your personal life that, if discovered, would hinder your Christian witness? Yes No Not sure

Please explain: _____

Do you affirm Glad Tidings' statement of beliefs (enclosed)?

Have you been water baptized? Yes No

Have you been baptized in the Holy Spirit (with the initial physical evidence of speaking tongues)?

Yes No Not sure

TRIP SPECIFICS

Describe any missions or outreach work in which you've participated in the past.

What led you to want to participate in this trip?

What are your expectations or hopes regarding this trip?

What will be your greatest obstacle or challenge to going on this trip?

Will your participation in this trip cause undue hardship to you or your family in the area of personal financial responsibilities? Yes No

If yes, please explain: _____

The following skills may be helpful on the trip. Check any of the following that you possess:

- | | | |
|--|--|--|
| <input type="checkbox"/> Photo | <input type="checkbox"/> Nurse, doctor, etc. | <input type="checkbox"/> Pastor |
| <input type="checkbox"/> Shooting video | <input type="checkbox"/> CPR training | <input type="checkbox"/> Sports coach |
| <input type="checkbox"/> Editing video | <input type="checkbox"/> Musician | <input type="checkbox"/> Writing (daily trip blog) |
| <input type="checkbox"/> Graphic design | <input type="checkbox"/> Vocalist | <input type="checkbox"/> Drama |
| <input type="checkbox"/> Children's ministry | <input type="checkbox"/> Construction | <input type="checkbox"/> Cooking (for groups) |
| <input type="checkbox"/> Teacher | <input type="checkbox"/> Driving (15 passenger van, manual transmission) | |

What additional skills or gifts do you have that you think may be helpful on this trip?

From the following list, circle the words that BEST describe you and cross out the words that LEAST describe you.

punctual *organized* *outgoing* *humorous* *dependable* *teachable*
creative *consistent* *spontaneous* *productive* *self-starter* *reserved*
bold *compassionate* *outspoken* *loyal* *adventurous* *cooperative*
patient *detailed* *independent* *expressive* *talkative* *decisive*
laidback *cautious* *energetic* *encouraging* *thinker* *helpful*
leader *optimistic* *responsible* *free spirit* *scheduled* *driven*
perfectionist *open-minded* *peacemaker* *competitive* *fun* *persuasive*
resourceful *active* *candid* *problem-solving* *thoughtful* *disciplined*
sensitive *practical* *realistic* *team player* *perceptive* *efficient*
risk-taker *flexible* *conservative* *balanced* *friendly* *confident*

What personal weaknesses may surface on the trip (when you are tired, uncomfortable, inconvenienced, frustrated, etc.)?

Do you agree to refrain from the purchase and consumption of alcohol and tobacco products while on the trip?

Yes No

Please list as a reference someone who can give an honest evaluation of your **work ethic**.

NAME	RELATIONSHIP	ADDRESS	PHONE

Please list as a reference someone who can give an honest evaluation of your **spiritual life**.

NAME	RELATIONSHIP	ADDRESS	PHONE

HEALTH & MEDICAL HISTORY

How would you describe your overall health and fitness?

Needs work Average Good Excellent

Have you ever had any of the following conditions or issues:

Condition	No	Previously	Currently
food or drug allergies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
dizziness or fainting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
high blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
epilepsy or seizures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
bee/wasp reaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
asthma or respiratory problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
hypoglycemia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
heart trouble	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
frequent and/or severe headaches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
back or neck problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
joint problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
eating disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
depression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
anxiety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
mental illness or developmental disability (bipolar disorder, autism, OCD, PTSD, ADHD, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Describe below, as needed, any conditions that apply.

Have you ever had any major surgery or serious illness? Yes No

If yes, please explain: _____

Are you receiving ongoing medical treatment or evaluation for anything? Yes No

If yes, please explain: _____

Do you have any special dietary needs? Yes No

If yes, please explain: _____

Do you have any chronic or current health problems that might be affected by the living conditions, rigorous schedule and demanding workload of this trip? Yes No

If yes, please explain: _____

List all prescription medications you are currently taking.
