

Mount Paran North Church of God

WORLD MISSIONS

2022 APPLICATION FOR SHORT-TERM MISSION TEAM SERVICE

TO THE APPLICANT: This application is designed to better ensure that our team members, team leaders and overseas contacts have a positive missions experience. Submitting a completed application does not guarantee participation on a Mount Paran North short-term mission trip. Notification regarding your participation will be given by the department of World Missions. Please complete this form in its entirety and return it to the Missions Department with a \$50 non-refundable deposit.

In which short-term opportunity are you interested? Location _____ Date _____
If this team were full, would you be open to considering another opportunity? Yes _____ No _____
If Yes, Location _____ Date _____

PERSONAL INFORMATION

Full Name (as it appears on your passport) _____ Sex (M/F) _____

Address _____

City: _____ State _____ Zip _____

Phones: H (____) _____ W (____) _____ Cell (____) _____

Email Address _____ Repeat _____

Employer _____ Length of Employment _____

Title/Responsibilities _____

Date of Birth _____ Country of Birth _____ Country of Citizenship _____

Do you have a US passport? Yes _____ No _____ If No please explain _____

If Yes, Passport Number _____ Expiration Date _____

Marital Status _____ Spouse's Name _____

Is your spouse supportive of your applying for this trip? Yes _____ No _____

If No, please explain _____

Names and ages of children _____

In case of an emergency, please notify _____ Relationship _____

Address _____ City _____ State _____ Zip _____

Phones: H (____) _____ W (____) _____ Cell (____) _____

FOR OFFICE USE ONLY Date application received: _____

How did you come to know Christ personally? How long have you been a believer?

How would you describe your walk with Christ this past year?

In your opinion, what are your strengths (character traits, abilities, gifts)?

What are your weaknesses?

On a team, are you more of a leader or a follower? Explain.

Is there anything in your life that could be called into question or jeopardize your ability to minister cross-culturally on a team? (i.e., immoral relationship, substance abuse, excessive debt, police record, pornography, etc...)? Yes ___ No ___ If Yes, please explain: _____

CHURCH INVOLVEMENT

Are you an active participant of Mount Paran North Church of God? Yes ___ No ___

If Yes, how long? _____ If No, of which church are you a member and for how long?

Have you taken the Mount Paran North network class? Yes ___ No ___

Have you attended the Culture Link Training class? Yes ___ No ___

Are you currently a part of any classes or groups at MPN? Yes ___ No ___

If Yes, who is the leader of the group?

Please list the ministries with which you have been involved and approximate dates.

SHORT-TERM MISSIONS EXPERIENCE

Please indicate any skills, talents, or Christian service experience that you feel may be helpful on the field. _____

Please list previous missions experience:

| <i>Country</i> | <i>Church/Mission Organization</i> | <i>Dates of Project</i> | <i>Ministry</i> |
|----------------|------------------------------------|-------------------------|-----------------|
| | | | |
| | | | |
| | | | |
| | | | |

HEALTH

How would you describe your present health? EXCELLENT ___ GOOD ___ AVERAGE ___ POOR ___

Please state any major illness(es) you have had in the last five years. _____

Please list all medications you are currently taking. _____

Please list any allergies you have. _____

Do you have any of the following?

YES ___ NO ___ LEG CLOTS
PROBLEMS

YES ___ NO ___ CARDIAC OR LUNG

YES ___ NO ___ NECK OR BACK PROBLEMS
RESTRICTIONS

YES ___ NO ___ SPECIAL DIETARY

YES ___ NO ___ A PAST PROBLEM THAT MIGHT RECUR, REQUIRING SKILLED ATTENTION WITHIN 24 HOURS

Please explain any of the above to which you answered *Yes*. _____

Name and phone of your primary physician _____

Are you presently under the care of a physician? Yes ___ No ___ If yes, please explain. _____

Have you ever undergone psychiatric treatment? Yes ___ No ___ If yes, please explain _____

REFERENCES

(Please provide an email address to which a reference form can be sent for each person listed.)

Spiritual mentor/leader

Name _____ Relationship: _____

Address _____

City _____ State: _____ Zip: _____

Phones: H (____) _____ W (____) _____ Cell (____) _____

Email _____

Friend/co-worker (non relative)

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Phones: H (____) _____ W (____) _____ Cell (____) _____

Email _____

COMMITMENT

Mount Paran North Missions Teams

If selected to be a part of a Mount Paran North short-term mission team, I make a commitment to:

- go through the training process prior to departure and after I return from the trip;
- conduct myself in a manner worthy of the Lord while serving Him on the project;
- submit to the authority of the team leader and the host on-the-field and to outlined team policies; and
- refrain from any behavior which may compromise my witness (i.e., abusive language, drug use, etc.).

Additionally, if at any time while on the project my behavior constitutes a problem, the team leader has the authority to ask me to return home. Any additional costs incurred as a result of this action will be at my cost.

Signature _____ Date _____

Please return this application with a \$50 non-refundable deposit (made out to Mount Paran North Church of God) to:

**Missions Department
Mount Paran North Church of God
1700 Allgood Road
Marietta, GA 30062
770-578-9081**