

# Mount Paran North Church of God WORLD MISSIONS

## 2024 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 Missions Department. 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?**

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

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

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**What are your weaknesses?**

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

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**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: \_\_\_\_\_**

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## **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?**

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**Have you been through NorthLife? Yes \_\_\_ No \_\_\_**

**Have you attended the CultureLink 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?**

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

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## 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**