

# SHORT TERM MISSION APPLICATION



**Heart of the Bride Ministries**  
**P.O. Box 786**  
**Niceville, Florida 32588**  
**(850) 678-9008**  
**FAX: (850) 678-1192**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Street or Box Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Preferred Departure Airport: City & State \_\_\_\_\_ Airport Code \_\_\_\_\_

Telephone / Home: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Work: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ **FOR HAITI TRIPS ONLY:** Current Weight \_\_\_\_\_

E-Mail Address # 1: \_\_\_\_\_ E-Mail Address # 2: \_\_\_\_\_

Age: \_\_\_\_\_ Birthday: \_\_\_\_\_ Birthplace: \_\_\_\_\_

Sex: \_\_\_\_\_ Marital Status: \_\_\_\_\_ Occupation: \_\_\_\_\_

Describe Occupation: \_\_\_\_\_

Home Church: \_\_\_\_\_  
(Name) (Pastor's Name)

Church Address: \_\_\_\_\_  
(Street or Box) (City) (State) (Zip Code)

What is your passport status? \_\_\_\_\_ Acquired \_\_\_\_\_ In Process \_\_\_\_\_ Ready to Apply

Passport Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ **www.travel.state.gov/passport**

What current immunizations do you have?

\_\_\_\_\_ Yellow Fever \_\_\_\_\_ Tetanus \_\_\_\_\_ Hepatitis B Others: \_\_\_\_\_

How would you describe your relationship with Jesus Christ?

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Do you have any previous cross cultural or mission experience? \_\_\_\_\_

Describe: \_\_\_\_\_

Please describe your physical health, including any physical limitations, food allergies, etc.

Are you on regular medication or are you currently under doctor's care? \_\_\_\_\_

Explain . \_\_\_\_\_

Health Insurance Co.: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

How do you believe that God is leading you to this particular Short-Term Mission?

What do you feel will be your strongest contribution to this Short-Term Mission Team?

What do you feel will be your greatest challenge in regard to this trip?

Circle the areas and skills in which you have experience:

- |                                       |                    |                            |
|---------------------------------------|--------------------|----------------------------|
| Medical Experience                    | Small Group Leader | Teaching (age group _____) |
| Carpentry                             | Food Services      | TESL                       |
| Masonry                               | Organizational     | Camp Programs              |
| Plumbing                              | Evangelism         | Sports and Recreation      |
| Electrical                            | Discipleship       | Drama/Skits                |
| Computer Skills                       | Leading Worship    | Puppet/Balloon Ministry    |
| Arts and Crafts                       |                    |                            |
| Play an Instrument (which one? _____) |                    |                            |

If you have considerable experience in any of the above, please comment:

Ministry Reference: (A spiritual leader/ mentor or a fellow ministry participant)

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Phone Number: \_(\_\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_

# RELEASE AND EMERGENCY CONTACT FORMS

TEAM MEMBER'S NAME: \_\_\_\_\_

I hereby release all leaders and organizations involved with this trip from any and all legal responsibility. I waive all my rights to any form of legal reprisal resulting from sickness, injury, or even death that occur due to this trip. I realize that there may be hazards and that I may encounter living conditions that are challenging for me. I release to all parties concerned my permission for medical treatment, emergency surgery or hospitalization as the need arises. I further assume the responsibility for any and all medical bills for reasons stated herein.

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

Parent or Legal Guardian (only if under 18 years old) Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION

Name of Contact # 1: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Name of Contact # 2: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

### For Overseas Insurance Coverage:

Print Full Name (as it appears on your passport) \_\_\_\_\_

Passport Number: \_\_\_\_\_ Birthday: \_\_\_\_\_

Name of Beneficiary: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone #: \_\_ (\_\_\_\_) \_\_\_\_\_

**Please include 1-2 email addresses to send group updates to while you are on your STM Trip**

1. \_\_\_\_\_ 2. \_\_\_\_\_

**RETURN THIS FORM TO THE FOLLOWING ADDRESS:**

Heart of the Bride Ministries P.O. Box 786 Niceville, Florida 32588

**along with a copy of the first page of your passport.**