



MISSIONS TRIP APPLICATION

Trip Location

Trip Dates

Your Name (exactly as it appears on your passport or birth certificate)

Age at travel date

Passport Number and Country Issued

Exp. Date (min 6 months validity)

Home / Work phone

Cell phone

Email

Single Married
Marital Status

Your Mailing Address

Name, address and phone number of your local church

Leader or Pastor's Name

If you are not a member of WOC, please list 2 references who are NOT family members:

Name, email and phone _____

Name, email and phone _____

Please include a brief testimony and the reason you want to participate on this missions trip. (Attach a separate page if necessary.) _

Have you ever participated on a missions trip? Yes ___ No ___

Where? _____

Are you taking any medications or do you have allergies or physical conditions we should be aware of before you travel? If so, please explain: _____

Please list any spiritual gifts, talents or work skills you believe would be useful or you would like to utilize on this trip (i.e., evangelist, teacher, drama, children/youth ministry, singer, play instruments, construction work, medical profession, etc) _____

NOTE:

All trip participants must be 18 years or older at the time of travel unless accompanied by a parent or guardian.

ONE APPLICATION FOR EACH FAMILY MEMBER IS REQUIRED.

Office Use Only: **WOC Approval:** _____ **Date:** _____