



# Application Short-term Missions

**Mission Ministries**  
**St. Paul Lutheran Church**  
2550 Edsel Drive ✠ Trenton, MI 48183



## General Information

Name	_____	_____	_____
	First	Middle	Last
Address	_____	_____	_____
	Street Address	City, State	Zip
E-Mail	_____	_____	_____
	Personal	Work	Other
Phone	_____	_____	_____
	Home	Work	Cell

Birth date: \_\_\_\_\_

Are you married?  Yes  No      When married: \_\_\_\_\_

Spouse's name: \_\_\_\_\_

Health Insurance Provider: \_\_\_\_\_

Policy/Group Number: \_\_\_\_\_

## In Case of Emergency, notify

Name	_____	_____	_____
	First	Last	Relationship
Address	_____	_____	_____
	Street Address	City, State	Zip
E-Mail	_____	_____	_____
	Personal	Work	Other
Phone	_____	_____	_____
	Home	Work	Cell

## Agreement

**I understand that this application and the letter of recommendation will be reviewed thoroughly. I understand that if accepted, it will require my full participation in the team meetings and all preparation for this trip.**

Signature \_\_\_\_\_



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## Ministry and Service

Member of St. Paul:  Yes  No

If not, where are you a member? \_\_\_\_\_

How often do you attend worship?  1  2  3  4 times per month.

Do you attend Bible study?  Yes  No

How often do you attend Bible study?  1  2  3  4 times per month.

Are you in a Care/Share Group?  Yes  No

## Please list areas of service in the Church

Dates: \_\_\_\_\_ Description: \_\_\_\_\_

Dates: \_\_\_\_\_ Description: \_\_\_\_\_

Dates: \_\_\_\_\_ Description: \_\_\_\_\_

Dates: \_\_\_\_\_ Description: \_\_\_\_\_

## Please list areas of service in the community

Dates: \_\_\_\_\_ Description: \_\_\_\_\_

Dates: \_\_\_\_\_ Description: \_\_\_\_\_

Dates: \_\_\_\_\_ Description: \_\_\_\_\_

Dates: \_\_\_\_\_ Description: \_\_\_\_\_

## Please list previous mission trip experiences

Dates: \_\_\_\_\_ Description: \_\_\_\_\_

Dates: \_\_\_\_\_ Description: \_\_\_\_\_

Dates: \_\_\_\_\_ Description: \_\_\_\_\_

Dates: \_\_\_\_\_ Description: \_\_\_\_\_

**Please list any talents which will benefit this mission trip**

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**Why do you want to take part in this short-term mission trip?**

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**If you were to die tonight, why should God allow you into heaven?**

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**Please list any physical limitations which may hinder your effectiveness on the field:**

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Smoking and the use of alcohol are prohibited on ALL of St. Paul's short-term mission trips. Will this be a problem for you?    Yes    No

**Please list any medications which you are currently taken and why**

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**For Office Use Only**

Application Number \_\_\_\_\_  
\_\_\_\_ Letters of recommendation  
\_\_\_\_ Pastoral Recommendation  
\_\_\_\_ Notify Computer  
  
\_\_\_\_ Approved by: \_\_\_\_\_  
\_\_\_\_ Approved. Date: \_\_\_\_\_

**Copy to**

- Rev. John Bush
- ACS
- File