P.O. Box 146, Bowmansville, PA 17507 Email:instepmi@gmail.com

others, or your church is funding it)

Mission Trip Application

Phone: 717-445-4736

Web: www.instepmi.com

Date _			
Name	(as it appears on your passport)		
Trip da	ate you are applying for		
Addre	SS		
Phone		Email	
		_ Birth Place	
Spouse Name		Country of Your Citizenship	
		_ Passport Expiry date	
	h affiliation		
1.	Does your pastor recommend and bless you to travel with our ministry?		
	(please have him/her complete the p	pastoral reference form to be mailed directly to the	
2.	 Have you traveled on a mission team before? (List where, when and the ministry who organized the trip) 		
3.	 Have you ever been a mission team leader? (List where, when and the ministry who organized the trip) 		
4.	. What languages do you speak other than English and at what level (beginner, casual conversation or fluent)?		
5.	. Do you have any health, emotional or spiritual problems that we should be aware of? If yes, explain		
6.	How will you be paying the costs of t	this trip? (personally, collecting contributions from	

- 7. Are you willing to submit to your group leader and his/her authority?
- 8. Is your spouse, if applicable, in support of you going on this trip?
- 9. What are your spiritual gifts and how have you been using them presently?
- 10. Are you willing to serve with your team in fundraising events or activities?
- 11. Are you willing to attend preparation meetings with your team before the travel?
- 12. Do you have any criminal record in the USA or any other country? (if yes, explain the offense in brief)
- 13. Are you willing to abstain from alcohol or tobacco during the duration of the trip and until the arrival back to your home following the trip.
- 14. Do you have any reservations about joining this mission team or the purpose of the mission?

Signature	Date
Olgitatare	 Date