MISSION PRAYER TEAM APPLICATION FORM

Global Mission Center
A ministry of MRC
36 Laurelwood Road
Groton, CT. 06340

PERSONAL

MISSION TRIP _____

Note: if you have been on other missions trip, ask GMC for short form application

FULL NAME
(First, middle and last name) _____

ADDRESS
Street & Number City, State
Province Postal Code _____

PHONE _____ EMAIL _____

MARITAL STATUS _____ BIRTHDATE _____

CITIZENSHIP _____ PLACE OF BIRTH _____

Do You Have a
Passport? _____ T-Shirt Size _____

Passport Number: _____ Expiration Date _____
- Please be sure your passport is up to date. This is your responsibility!

PARENTAL CONTACT (if under 18 years old)

Father/Mother _____

Home phone _____ Cell #'s _____

Email Address _____

EMERGENCY CONTACT

Name _____

Relationship _____

Phone # _____

Address _____

Email _____

Do you speak another language other than English? _____

Note: Application will not be processed unless there has been a $50.00 deposit or $100.00 deposit for out-of-state. Also, all money is non-refundable and can only be applied to another mission trip. Also, a background check will be done.

Latest version 2.17.2015

Spiritual Information:

What church are you presently attending? _____

What positions and involvement do you have, or have you had, in Christian service?

Is your sexual conduct consistent with biblical standards yes _____ no _____

Do you smoke? yes _____ no _____

Do you use illegal drugs? yes _____ no _____

Do you drink alcohol? Yes _____ no _____

Do you have a criminal record that might restrict travel? Yes _____ no _____
(admission to these questions does not necessarily exclude you from consideration)

Are you born again of the Spirit? yes _____ no _____

Are you willing to submit to authority and have a teachable spirit? yes _____ no _____

Do you attend church regularly? yes _____ no _____

Circle or highlight any skills, training, or experience you may have.

Medical	Music	Drama	writing/reporting	carpentry	plumbing	Electrical
concrete work	leading worship	visitation ministry	teaching Sunday School	crafts	video taping	photography
Singing	painting	play a musical instrument	VBS	haircutting	preaching	children's ministry
teaching	cooking	solo or in choir				

Describe yourself as a person. What are your strengths & weaknesses?

Medical Information:

PHYSICIAN _____ CARE CARD# _____

Phone Number _____

Have you had any major illnesses during the past year? YES _____ NO _____
If yes, please explain
Do you take any medication regularly?
If yes, please explain. _____

Do you have any special dietary concerns? (food allergies, diabetic, etc.) yes _____ No _____

if yes, please explain _____

Please describe any other medical conditions you have that might need special attention

Are you up to date with vaccinations/immunizations? yes _____ no _____

Are you willing to take vaccinations/immunizations required for travel? yes _____ no _____

How would you rate your overall physical condition? Please check the appropriate answer.

Excellent _____ Good _____ Average _____ Fair _____ Poor _____

Do you have any physical problem that would hinder your activity? yes _____ no _____

If yes, please explain

QUESTIONS FOR PARENTS

Complete this page only when applicant is under 18

Do you feel that your son/daughter should be involved in this mission trip? yes _____ no _____

How will your child be financially supported for this mission trip?

Please list any concerns you have about your son's/daughter's participation in this mission trip.

Parent/Guardian Name _____
Please print

Signature _____ Date _____

If, due to unforeseen circumstances, my son/daughter is unable to participate on the trip at any time following the acceptance of this application, I realize the deposit is non-refundable.

In a paragraph or two, describe the following on this page and if needed use a separate page and attach to application:

- When and how you came into a personal relationship with Jesus Christ as Lord and Savior

- Your personal devotional life and your relationship with Jesus to-date

- Your goal for this mission trip and what you expect to learn

- Explain why you want to go on this mission trip

COMMITMENTS

- I commit to follow the directives of group leaders/chaperones in a willing and cooperative manner.
- I commit to follow the dress code as specified by my leaders.
- I commit to putting Christ first and setting aside my own personal agendas in order to reach the goals/objectives of the team.
- I certify that all statements above are true and complete. I understand that if my conduct or character contradicts these statements, my participation in the trip may be postponed or canceled. I also agree to undergo a background check (required for all missionaries). For trips lasting three weeks or longer, I agree to complete a psychological evaluation as a condition of participation.

Applicant's Signature_____ Date_____

For office use only	
Reviewed by:	Date:
Reviewed by:	Date:

Merciful Redemption Church

Permission to Obtain a Background Check

(This form authorizes the church to obtain background information and must be completed by the applicant. The church will keep this completed form on file for at least five years after requesting a background check.)

I, _____ authorize Merciful Redemption Church,
Please Print

To procure background information (also known as a "consumer report and/or investigative consumer report") about me, prior to, and at any time during, my service to the church. This report may include my driving history, including any traffic citations; a social security number verification; present and former addresses; criminal and civil history/records, the state sex offender records, and may even include social media information.

I understand that any information obtained in my background check may or may not impact my ability to volunteer at or on behalf of Merciful Redemption Church. All information obtained will be kept confidential and furnished to me upon my request.

Signature: _____ Date: _____

Identifying Information for Background Information Agency

Print Name: _____
First Middle Last

Other Names Used (alias, maiden, nickname): _____

Current Address: _____
Street /P. O. Box City State Zip Code County Dates

Previous Address: _____
Street /P. O. Box City State Zip Code County Dates

Social Security Number: _____ Telephone Number: _____

Date of Birth: _____ Gender _____ Email: _____