**Application for GO! Ministries Short-Term Missions Trip (STMT)**

**Guatemala “Halloween”: 31 Oct – 3 Nov 2019**

NOTE: Please return electronic application with a recent digital photo

**Section A. Personal Information:**

1) Name:

2) Gender:

3) Address:

4) City

5) State

6) Zip Code

7) Home Phone

8) Cell Phone

9) E-Mail

10) Date of Birth

11) Country of Citizenship

12) Todays Date

13) Country of Birth

14) Do you have a Passport? (If No, have you applied?)

15) Passport Number

16) Passport Issue Date

17) Passport Expiration Date (Must have at least 6 months left before exp)

**Section B. Marital Status:**

18) What is your Marital Status: (If you are not currently married mark "A" and skip to question #22)

A) Single

B) Engaged

C) Widowed

D) Separated

E) Annulled

F) Divorced

G) Divorced and Remarried

H) Married

19) Spouse's name

20) Is he/she supportive of this trip? Yes No (If no, please explain):

21) Names and ages of your Children

**Section C. Emergency Contact:**

22) In case of Emergency, whom should we contact?

23) Relationship

24) Emergency Contact Home Phone

25) Emergency Contact Work Phone

26) Address

27) City

28) State

29) Zip

**Section D. Health Information:**

30) Describe your present health: (Excellent, Great, Good, Fair, Poor)

31) Please explain any major illness you have had in the last five years.

32) Please list any medications you are currently taking

33) Please list any allergies you have.

34) Are you currently under the care of a Physician? (If "No", skip to question #39)

35) If yes, please explain.

36) Name of Physician

37) Phone Number

38) Field of Medical Service

**Section E. STMT Info:**

39) Which GO! Ministries STMT are you applying for? (Guatemala “Halloween” 2019)

40) What are the projected dates of this STMT? (31 Oct – 3 Nov, 2019)

41) Do you speak any foreign languages? If yes, list the languages and indicate proficiency level.

42) Please indicate any skills, talents, or Christian service experiences that will be helpful on the above STMT

43) Please list previous STMT you have participated in and indicate your ministry/leadership role. If yes, please list for each trip:

1) Country

2) Church/Mission Organization

3) Date of STMT

4) Ministry Leadership

**Section F. Church Membership**

44) Are you a member of a Church? If yes, for how long?

45) Name of Church

46) Address

47) City

48) State

49) Zip

50) Pastors Name

51) Pastors Phone Number

52) May we call your Pastor for a reference?  If No, please explain why not

53) Please list the Ministries with which you have been involved. Please list time of involvement, any leadership positions held, and the organization or church which was responsible for the ministry.

For each position please list the following info:

1) Ministry/Small Group

2) Church/Organization

3) Contact/Reference Name and Phone Number

4) Time of involvement

5) Position help

**Section G. Personal Testimony**

54) Please share your testimony of how you came to personal faith in Jesus Christ. Please include how long you have been a believer.  Take as much space as needed:

55) What you hope to see the Lord do in and through you on this STMT:

56) Explain why you want to participate on this STMT

**Section H. Employer:**

57) Current Employer

58) Length of Employment

59) Please list your employment record beginning with the most recent (Last 10 yrs)

1) Title/Responsibilities

2)  Employer

3) Length of Employment

**Section I. Personal References:**

Please provide three references. One should be a ministry leader with whom you have served. The other references should be people who know your ministry abilities as well as your strengths and weaknesses.

Reference 1

60) Name

61) Relationship/How long have you know this person

62) Phone Number

63) Address

64) City State Zip

65) E-Mail Address

Reference 2

66) Name

67) Relationship/How long have you know this person

68) Phone Number

69) Address

70) City State Zip

71) E-Mail Address

**Section J. Short Term Behavior Policy**

If selected to be a part of this STMT, I make a commitment to (type "Yes" after each line:

72) Go through the entire training process prior to departure (See team leader)

73) Conduct myself in a manner worthy of the Lord while serving Him on the project

74) Submit to the authority of the team leader and the field host

75) Submit to the team behavior policy "I will refrain from any behavior that might compromise my witness” (e.g. abusive language, drug use, etc)

76) Additionally, if at any time while on the project, my behavior constitutes a problem, the team leader has the authority to tell me to return home.

1. I agree that if I am sent home any additional cost incurred as a result of this action will be at my expense.

**Section K. Payment Info (Please Initial after each item)**

78) Our arrival date is: Thu 31 Oct, 2019. Arrive before evening please (Initial: )

79) Our departure date is: Sun 3 Nov, 2019. (Initial: )

80) I have a valid Passport which will not expire within 6 months of the date listed in item number 1. (Initial: )

81) I understand AIR FARE is not included. (Initial: )

82) I understand Trip Health Insurance is not included. (Initial: )

83) I understand Trip Health Insurance is required. WE STRONGLY suggest you use "Brotherhood Mutual".  <http://www.brotherhoodmutual.com/>  (Initial: )

84) Payment Schedule ($295 GO! Ministries fee is Non-Refundable): (Initial: )

1. 1st Payment: $150.00. Postmarked by 26 Aug, 2019 (Initial: )
2. 2nd Payment: $145.00 Postmarked by 26 Sep, 2019 (Initial: )

85) Additional Fees:

1) Sightseeing activities, included lunch, are not included (Initial ):

2) Work project/supplies initiated by the Church or Supporting group (Initial ):

Electronic Signature/Date (I affirm my name posted here represents my signature)

Send application either e-mail to: Davidlsgro@gmail.com OR print and mail to:

David Sgro

C/O: GO! Ministries

439 Westwood SC PMB #215

Fayetteville, NC 28314

There are two ways you can make your payments:
1) Make a check or money order out to:

"CTEN" (Commission To Every Nation. Write "David Sgro" in the memo line.

Send to:
CTEN
815 Jefferson St
Kerrville, TX 78028

2) Make your payment on-line [cten.org/missionary/davidsgro/](https://cten.org/missionary/davidsgro/)