GO! Ministries Short Term Mission Trip (STMT)
Guatemala
Information Flyer:
7 days/6 nights $750 per person

Trip Dates: Tue Aug 1 – Mon Aug 7, 2023
Please arrive by 1pm and depart by Noon

Financial Info:
$250 deposit by 30 April 2023
$250 payment by 31 May 2023
$250 balance by 30 June 2023

Application for GO! Ministries STMT

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
Emergency Contact:
18) In case of Emergency, whom should we contact?
19) Relationship
20) Emergency Contact Home Phone
21) Emergency Contact Work Phone
22) Address

23) City
23) State
24) Zip

Section C
Health Information:
25) Describe your present health: (Excellent, Great, Good, Fair, Poor)
26) Please explain any major illness you have had in the last five years.
27) Please list any medications you are currently taking
28) Please list any allergies you have.
29) Are you currently under the care of a Physician? (If "No", skip to question #39)
30) If yes, please explain.
31) Name of Physician
32) Phone Number
33) Field of Medical Service

Section D
Church Membership
34) Are you a member of a Church? If yes, for how long?
35) Name of Church
36) Address
37) City
38) State
39) Zip
40) Pastors Name
41) Pastors Phone Number
42) May we call your Pastor for a reference? If No, please explain why not
43) 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 E
Personal Testimony
44) 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:
45) What you hope to see the Lord do in and through you on this STMT:
46) Explain why you want to participate on this STMT

Section F
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
47) Name
48) Relationship/How long have you known this person
49) Phone Number
50) Address
51) City   State   Zip
52) E-Mail Address

Reference 2
53) Name
54) Relationship/How long have you known this person
55) Phone Number
56) Address
57) City   State   Zip
58) E-Mail Address

Section G
STMT Behavior Policy
If selected to be a part of this STMT, I make a commitment to (type "Yes" after each line:
59) Conduct myself in a manner worthy of the Lord while serving Him on the project
60) Submit to the authority of the team leader and the field host
61) Submit to the team behavior policy "I will refrain from any behavior that might compromise my witness" (e.g. abusive language, drug use, etc)
62) 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.
63) I agree that if I am sent home any additional cost incurred as a result of this action will be at my expense.

Section H
STMT Health Insurance
64) I understand and agree that I will e-mail a copy of my STMT Health Insurance Policy 2 weeks prior to my departure. Brotherhood Mutual Insurance. www.brotherhoodmutual.com is highly recommended

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

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