

GO! Ministries Short Term Mission Trip (STMT)

Check One:

___ Option 1: Guatemala Fri June 28 - Thu July 4, 2024. \$750 (Plus USA-GUA Airfare and International Health Insurance)

___ Option 2: Guatemala and Bogota, Columbia. Mon July 1 - Tue July 9, 2024. \$1000 (Plus USA-GUA Airfare and International Health Insurance)

Financial Info:

\$334 non-refundable deposit by 15 April 2024

\$333 payment by 15 May 2024

\$333 payment by 15 June 2024

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

- 24) State
- 25) Zip

Section C: Health Information:

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

Section D: Church Membership

- 35) Are you a member of a Church? If yes, for how long?
- 36) Name of Church
- 37) Address
- 38) City
- 39) State
- 40) Zip
- 41) Pastors Name
- 42) Pastors Phone Number
- 43) May we call your Pastor for a reference? If No, please explain why not
- 44) 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

- 45) 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:
- 46) What you hope to see the Lord do in and through you on this STMT:
- 47) Explain why you want to participate on this STMT

Section F: Personal References

Please provide two references. One should be a ministry leader with whom you have served. The other reference should be from someone who know your ministry abilities, as well as your strengths and weaknesses.

Reference 1

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

Reference 2

- 54) Name
- 55) Relationship/How long have you known this person
- 56) Phone Number
- 57) Address
- 58) City State Zip
- 59) 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:

- 60) Conduct myself in a manner worthy while serving the Lord on the project
- 61) Submit to the authority of the team leader and the field host
- 62) Submit to the team behavior policy "I will refrain from any behavior that might compromise my witness" (e.g. abusive language, drug use, etc)
- 63) 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.
- 64) I agree that if I am sent home, any additional cost incurred because of this action will be at my expense.
- 65) I agree to not wear political or sexual oriented hats, T-Shirts, etc,
At all times, I will wear clothing that covers my shoulders and knees. (Short Pants are acceptable when playing sports)

Section H: STMT Health Insurance

- 66) 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)
