

# Application for GO! Ministries Short Term Mission Trip (STMT)

Guatemala Information Flyer 7 days/6 nights \$750 per person  
Trip Dates: Wed June 21 – Tue June 27, 2023

## Financial Info:

Non-refundable \$250 deposit by 23 March 2023

Non-refundable \$250 deposit by 23 April 2023

Non-refundable \$250 payment by 23 May 2023

NOTE: Please return electronic application with a recent digital photo

## Section 1. Personal Information:

Name: \_\_\_\_\_ Gender: \_\_\_ M \_\_\_ F  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
Country of Citizenship: \_\_\_\_\_ Country of Birth: \_\_\_\_\_  
Do you have a Passport? (If No, have you applied?) \_\_\_ Yes \_\_\_ No  
Passport Number: \_\_\_\_\_ Issue Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Expiration Date (Must have at least 6 months left before exp): \_\_\_\_/\_\_\_\_/\_\_\_\_

## Section 2. Emergency Contact:

In case of Emergency, whom should we contact? \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Emergency Contact Home #: \_\_\_\_\_ Work # \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

## Section 3. Health Information:

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

Please explain any major illness you have had in the last five years: \_\_\_\_\_

Are you currently under the care of a Physician? (If "No", skip to Section 4)

If yes, please explain: \_\_\_\_\_

Name of Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

Field of Medical Service: \_\_\_\_\_

#### Section 4. Church Membership

Are you a member of a Church? \_\_\_ Yes \_\_\_ No. If yes, for how long? \_\_\_\_\_

Name of Church: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Pastors Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

May we call your Pastor for a reference? \_\_\_ Yes \_\_\_ No. If No, please explain why not: \_\_\_\_\_

Have you been in the Church? If so, please share what Ministry or Small Group you've been involved with: \_\_\_\_\_

#### Section 5. Personal Testimony

(If you need more room, add additional paper as needed)

Please share your testimony of how you came to personal faith in Jesus Christ.

Please include how long you have been a believer: \_\_\_\_\_

What you hope to see the Lord do in and through you on this STMT: \_\_\_\_\_

Why do you want to participate on this STMT: \_\_\_\_\_

## Section 6. Personal References

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

### Reference 1

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Relationship/How long have you known this person: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_

### Reference 2

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Relationship/How long have you known this person: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_

## Section 7. STMT Behavior Policy

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

- 1) Conduct myself in a manner worthy of the Lord on this trip: \_\_\_\_\_
- 2) Submit to the authority of the team leader and the field host: \_\_\_\_\_
- 3) Submit to the team behavior policy "I will refrain from any behavior that might compromise my witness" (e.g. abusive language, drugs, etc): \_\_\_\_\_
- 4) Additionally, if my behavior constitutes a problem, the team leader has the authority to send me to return home, at my expense: \_\_\_\_\_

## Section H. STMT Health Insurance

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](http://www.brotherhoodmutual.com) is highly recommended.

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

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