

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

Guatemala Information Flyer 8 days/7 nights \$750 per person
Trip Dates: Wed Nov 8 - Wed Nov 15, 2023

Financial Info:

Non-refundable \$250 deposit by 15 Aug 2023

Non-refundable \$250 deposit by 15 Sep 2023

Non-refundable \$250 payment by 15 Oct 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 is highly recommended.

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