

GO! Ministries Short Term Mission Trip (STMT)
Guatemala

Information Flyer:

7 days/6 nights \$750 per person

Trip Dates: Tue June 27 – Mon July, 2023

Please arrive by 1pm and depart by Noon

Financial Info:

\$250 deposit by 31 March 2023

\$250 payment by 30 April 2023

\$250 balance by 31 May 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) Today's 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)
