

**Application for GO! Ministries Short-Term Missions Trip  
(STMT) Trip Name: "Guatemala Summer Trip".**

**Sat 24 – 31 July 2021 (Note: Use additional pages, as needed)**

NOTE: 1 Thessalonians 5:12 "...know those who labor amongst you" When you go on a STMT with GO! Ministries, you labor with GO! Ministries. You're welcomed as part of TEAM GO! Communities that GO! Ministries has labored in for many years, open their doors to you. As part of a "GO! Team" you are accepted, based on the relationships that GO! Ministries has taken years to cultivate. Your actions, both positive and negative, reflect upon GO! Ministries. While every laborer and applicant have sinned, and fallen short of the glory of God, (WE ALL HAVE!) it is also important to note that each applicant is properly vetted, so as to avoid potential challenges on the Mission Field. Please understand, if you truthful answers below indicate active sin in your life, it does not mean your application will be denied, but, it does mean additional vetting is required. GO! Ministries often works amongst widows, orphans, young single women and men, and young children, and considers a Godly testimony critical in reaching communities.

NOTE: Please return electronic application with a recent digital photo

**Section A. Personal Information:**

- 1) Name: \_\_\_\_\_ 2) Gender: \_\_\_\_\_ M \_\_\_\_\_ F
- 3) Address: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_
- 4) Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_
- 5) E-Mail \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
- 6) Country of Citizenship \_\_\_\_\_
- 7) Country of Birth \_\_\_\_\_
- 8) Do you have a Passport? \_\_\_ Yes \_\_\_ No (Applied?) \_\_\_ Yes \_\_\_ No
- 9) Passport Number \_\_\_\_\_
- 10) Passport Issue Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
- 11) Passport Expiration Date (6 months or more before exp) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Section B. Marital Status:**

12) What is your Marital Status:    A) Single\_\_\_\_\_    B) Engaged\_\_\_\_\_

C) Married\_\_\_\_\_    D) Separated\_\_\_\_\_    E) Divorced\_\_\_\_\_

F) Annulled\_\_\_\_\_    G) Remarried\_\_\_\_\_    H) Widowed\_\_\_\_\_

13) Spouse's name\_\_\_\_\_ Gender:\_\_\_\_\_ M \_\_\_\_\_ F

14) Is he/she supportive of this trip? \_\_\_\_\_Yes \_\_\_\_\_No (If no, please explain):\_\_\_\_\_

\_\_\_\_\_

15) Are you sexually active, outside of marriage? \_\_\_\_\_Yes \_\_\_\_\_No (If yes, please explain):\_\_\_\_\_

\_\_\_\_\_

**Section C. Emergency Contact:**

16) In case of Emergency, whom should we contact?\_\_\_\_\_

17) Relationship\_\_\_\_\_

18) Emergency Contact Home\_\_\_\_\_ Work\_\_\_\_\_

19) Address:\_\_\_\_\_

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

**Section D. Health Information:**

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

21) Please explain any major illness you have had in the last five years.\_\_\_\_\_

\_\_\_\_\_

22) Please list any medications you are currently taking:\_\_\_\_\_

23) Please list any allergies you have:\_\_\_\_\_

24) Are you currently under the care of a Physician? (If "No", skip to question #29)

25) If yes, please explain.\_\_\_\_\_

26) Name of Physician\_\_\_\_\_ Phone No\_\_\_\_\_

27) Field of Medical Service\_\_\_\_\_

**Section E. STMT Info:**

28) Which GO! Ministries STMT are you applying for? (Guatemala “Sumer Trip 2021)

29) What are the projected dates of this STMT? (24-31 July 2021)

30) Do you speak any foreign languages? If yes, list the languages and indicate proficiency level\_\_\_\_\_

31) Please indicate any skills, talents, or Christian service experiences that will be helpful on the above STMT\_\_\_\_\_

32) Please list previous STMT you have participated in and indicate your ministry and/or leadership role. If yes, please list for each trip:

1) Country\_\_\_\_\_

2) Church/Mission Organization\_\_\_\_\_

3) Date of STMT\_\_\_\_\_

4) Ministry Leadership\_\_\_\_\_

33) Are you considering additional mission trips of greater lengths? \_\_\_ Yes \_\_\_ No. If yes, check the length you’re considering: \_\_\_ 1 month \_\_\_ 3 months. \_\_\_ 6 months. \_\_\_ up to 1 year. \_\_\_ 1 year or more. \_\_\_ Career Missionary.

**Section F. Church Membership**

34) Are you a member of a Church? If yes, for how long?\_\_\_\_\_

35) Name of Church\_\_\_\_\_

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

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

36) Pastors Name\_\_\_\_\_ Phone No\_\_\_\_\_

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

38) 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, Phone No\_\_\_\_\_

4) Time of involvement\_\_\_\_\_ Position held\_\_\_\_\_

**Section G. Personal Testimony**

39) Please share your testimony of how you came to personal faith in Jesus Christ. Please include how long you have been a believer. (Please attach on a separate file) 40) What you hope to see the Lord do in and through you on this STMT:\_\_\_\_\_

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41) Explain why you want to participate on this STMT: \_\_\_\_\_

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42) Do you use alcohol?\_\_\_\_ Yes \_\_\_\_ No. Tobacco? \_\_\_\_ Yes \_\_\_\_ No. Medical Marijuana? \_\_\_\_ Yes \_\_\_\_ No. Illegal Drugs \_\_\_\_ Yes \_\_\_\_ No. If "Yes" to any question, please explain?: \_\_\_\_\_

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Have you in the past or are you currently struggling with alcohol or drug addiction \_\_\_\_Yes \_\_\_\_No. If yes, explain, past addictions / current addictions, types of rehabilitation that you have gone through or are currently going through\_\_\_\_\_

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43) Have you ever been convicted of a misdemeanor criminal offense? \_\_\_\_Yes \_\_\_\_No (Minor traffic violations do not need to be listed)

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. \_\_\_\_\_

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44) Have you been convicted of a felony criminal offense? \_\_\_ Yes \_\_\_ No  
If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Sexual Purity:**

45) I have read and confirm I am living according to 1 Thessalonians 4:3 1 Cor 6:9-11: If "No", please explain?: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

46) I agree to having a personal background check conducted on me by GO! Ministries (Background Check Fee included in GO! Ministries STMT Fee) . \_\_\_\_\_ Yes \_\_\_\_\_ No  
(If "No", why? (Applications refusing background checks may not be approved) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Section H. Employer:**

47) Current Employer \_\_\_\_\_ Length of Employment \_\_\_\_\_

48) Please list your employment record beginning with the most recent (Last 10 yrs)

1) Title/Responsibilities \_\_\_\_\_

2) Employer \_\_\_\_\_ Length of Employment \_\_\_\_\_

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2) Employer \_\_\_\_\_ Length of Employment \_\_\_\_\_

1) Title/Responsibilities \_\_\_\_\_

2) Employer \_\_\_\_\_ Length of Employment \_\_\_\_\_

## Section I. 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

49) Name \_\_\_\_\_ Phone \_\_\_\_\_

50) Relationship/How long have you know this person \_\_\_\_\_

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

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

51) E-Mail Address \_\_\_\_\_

Reference 2

52) Name \_\_\_\_\_ Phone \_\_\_\_\_

53) Relationship/How long have you know this person \_\_\_\_\_

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

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

54) E-Mail Address \_\_\_\_\_

Reference 3

55) Name \_\_\_\_\_ Phone \_\_\_\_\_

56) Relationship/How long have you know this person \_\_\_\_\_

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

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

57) E-Mail Address \_\_\_\_\_

## Section J. Short Term Behavior Policy

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

58) Go through the entire training process prior to departure (See team leader) \_\_\_\_\_

59) Conduct myself in a godly manner 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 K. Payment Info (Please Initial after each item)**

64) Our arrival date is: Sat 24 July, 2021. Please arrive before 2pm (Initial: )

65) Our departure date is: Sat 31 July, 2021. Please depart before 2pm  
Initial: \_\_\_\_\_

66) I have a valid Passport which will not expire within 6 months of the date listed in item number 1. Initial: \_\_\_\_\_

67) I understand AIR FARE is not included. (Initial: \_\_\_\_\_)

68) I understand Trip Health Insurance is not included. Initial: \_\_\_\_\_

69) I understand Trip Health Insurance is required, send a copy of the policy no later than 30 days before departure. WE STRONGLY suggest "Brotherhood Mutual". <http://www.brotherhoodmutual.com/> Initial: \_\_\_\_\_

70) Payment #1: 4/15, 2021 (Non-Refundable \$275): Initial: \_\_\_\_\_

Payment #2: 5/15, 2021. Non-Refundable \$250): Initial: \_\_\_\_\_

Payment #3: 6/15, 2021 (Non-Refundable \$250): Initial: \_\_\_\_\_

71) Additional Fees:

1) Sightseeing Day: Activities and lunch are not included: Initial: \_\_\_\_\_

2) Work project/supplies initiated by the Church: Initial: \_\_\_\_\_

Electronic Signature/Date (I affirm my name posted here represents my signature) Send application either e-mail to: [Davidlsgro@gmail.com](mailto:Davidlsgro@gmail.com) OR print and mail to:

David Sgro C/O: GO! Ministries

439 Westwood SC PMB #215

Fayetteville, NC 28314

Payment details: See your team leader for payment information Thank you for your interest and desire to serve on a short term mission. GO! Ministries reserves the right to accept, or deny any application. E-mail questions to Contact at: [Davidlsgro@gmail.com](mailto:Davidlsgro@gmail.com)

Thank You, "Because He said "GO!"

David L. Sgro, Founder GO! Ministries