

GOSPEL MINISTRY TEAM TEAM MEMBER APPLICATION



Full name (as printed on your passport) _____

Address _____

City, State and Zip code _____

Phone number _____

Date of Birth _____

Occupation _____

Church you attend and Pastor _____

Contact information for your Pastor _____

Your passport information – Passport number _____

Date of Issue _____ Date of expiration _____

In the space below please share your salvation experience with us and tell us why you are applying to go on a mission trip. Thank you.

What I need to accompany this Application

1. Two color photo copies of your passport
2. A letter of recommendation from your pastor
3. The medical release filled out completely, See form
4. A signed release form
5. A signed statement of faith.