

2016 SAMOA MISSIONS INFORMATION

NAME: _____ PHONE: _____

E-MAIL ADDRESS: _____ DOB: _____

ADDRESS: _____

YOUR PROFESSION: _____

EMERGENCY CONTACT WHILE ON TRIP:

NAME: _____ RELATIONSHIP TO YOU: _____

PHONE (home): _____ PHONE(cell): _____ PHONE(wk): _____

ADDRESS: _____

ALL MEDICAL CONDITIONS THAT YOU ARE UNDER DOCTORS CARE FOR:

MEDICATIONS CURRENTLY TAKING: _____

ALLERGIES: _____

DO YOU AGREE TO TREATMENT BY MEDICAL STAFF IF AN EMERGENCY ARISES? _____

DATE OF LAST TETANUS SHOT: _____

PLEASE NOTE THAT THIS INFORMATION WILL BE KEPT CONFIDENTIAL UNLESS IT IS NEEDED FOR MEDICAL ISSUES THAT ARISE ON THE TRIP.

IF YOU ARE AN MD, PA, NP, RN, LPN, OR OTHER TYPE OF LICENSE MEDICAL PERSONNEL,

PLEASE ATTACH COPY OF YOUR CURRENT LICENSE.

IF YOU HAVE RECEIVED ANY MEDICAL TRAINING THAT COULD BE USED, **PLEASE ATTACH A COPY OF CERTIFICATE RECEIVED.**

CURRENT PASSPORT NUMBER _____, **Please send in a copy of your passport**
__YES __NO MISSIONARY TRAVEL INSURANCE.

IF YES, BENEFICIARY _____
RELATIONSHIP _____

If you have any questions regarding this application, please call Pastor Pele (803) 269-6708

E-MAIL: missionofhopeusa@aol.com

FAX (803) 667-3465, EMAIL OR MAIL THIS FORM BACK

Mission of Hope Ministries

Samoa Medical Mission 2016

PO Box 2765 West Columbia, SC 29171

Do you consistently attend or are affiliated with a Church or Church Group? _____

Church Name: _____

Why are you interested in this short-term ministry?

Is this your first time on a mission trip? _____ If no, when did you go? _____

Where? _____

What kind of ministry do you expect to be doing on this trip?

How has your experience prepared you for this trip?

(if you need more space, please write on the back)

Please write the major areas God has gifted you for ministry.

Ministering overseas demands the adaptability to differences (e.g. language, ministry methods, food, standards of house, privacy, etc). How has your experience prepared you for coping with these differences?

Personal Reference

Please give this to any person who knows you well enough to answer these questions. Ask them to return the completed form to us at:

***Mission of Hope Ministries
Samoa Medical Mission 2016
PO Box 2765 West Columbia, SC 29171***

_____ has expressed an interest in being a part of the Mission Team for Samoa Medical/Evangelism Mission 2016. We would like your input as her/his family/friend. Would you please fill out this form and return to the address listed above? Thank you for your time.

- 1. How long have you known him/her? _____
- 2. In what church ministries or activities has this applicant been involved?

- 3. Please list their area of strength or giftedness.

- 4. Please list any concerns or areas where growth is needed.

- 5. Please give your overall reaction to his/her desire to minister cross-culturally.

Additional comments:

(If you need more space, please write on the back)

Your name: _____ Phone: _____

Address: _____

Relationship to applicant: _____

Signature _____ Date: _____

Pastor Reference

Please fill out this form and return to:

Mission of Hope Ministries

Samoa Medical Mission 2016

PO Box 2765 West Columbia, SC 29171

_____ has expressed an interest in being a part of Samoa Medical/Evangelism Mission Team 2016. We believe the Great Commission was given to the church. We believe your church would be ministering through him/her in Samoa. As an indication of your decision concerning his/her intended ministry and your desire to minister through him/her in this way, would you please complete this form and return to the address listed above? Thank you for your time.

1. How long has he/she been a part of your church? _____

2. In what church ministries or activities has this applicant been involved?

3. Please list the applicant's area of strength or giftedness

4. Please list any concerns or areas where growth is needed

5. Please give your reaction to this person's desire to minister cross-culturally.

Additional comments: _____

(If you need more space, please write on the back)

Please print name _____ Phone: _____

Church name _____

Address _____

Signature _____ Date _____