

## 2015 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

For Questions on copies of your license, please contact Steve Cromer (803)467-9518

E-MAIL: **missionofhopeusa@aol.com**

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

***Mission of Hope Ministries***

***Samoa Medical Mission 2015***

***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?

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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?

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How has your experience prepared you for this trip?

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

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

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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? \_\_\_\_\_

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**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 2015***

***PO Box 2765 West Columbia, SC 29171***

\_\_\_\_\_ has expressed an interest in being a part of the Mission Team for Samoa Medical/Evangelism Mission 2015. 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: \_\_\_\_\_ telephone \_\_\_\_\_

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

Relationship to applicant: \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Pastor Reference**

Please fill out this form and return to:

***Mission of Hope Ministries***

***Samoa Medical Mission 2015***

***PO Box 2765 West Columbia, SC 29171***

\_\_\_\_\_ has expressed an interest in being a part of Samoa Medical/Evangelism Mission Team 2015. 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 \_\_\_\_\_ Telephone \_\_\_\_\_

Church name \_\_\_\_\_

Address \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_