



Trip Location: _____

Trip Date: _____

MISSION TRIP APPLICATION

Your Name (exactly as it appears on your passport or birth certificate)

Date of birth

Passport Number

Expiration Date

Country Issued

Home phone

Cell phone

Email

Single / Married
(Circle one)

Male / Female
(Circle one)

Permanent Mailing Address

Name, address and phone number of your local church

Spiritual Leader or Pastor's Name:

Please list two personal references:

Name, email and phone: _____

Name, email and phone: _____

Write a brief testimony and the reason you want to participate in this mission trip: (Attach a separate page if necessary.) _____

Have you ever participated in a mission trip? Yes___ No___ Where? _____

Do you have any medical needs and/or are you currently taking any medications? If so, please explain.

Please list any spiritual gifts, talents or work skills you believe would be useful or you would like to utilize on this trip (i.e., evangelist, teacher, drama, children/youth ministry, singer, play instruments, construction work, medical profession, etc) _____

NOTE:

All trip participants must be 18 years or older at the time of travel unless accompanied by a parent or guardian.

ONE APPLICATION FOR EACH FAMILY MEMBER IS REQUIRED.

Mail application and payments to: WOC, PO Box 34, Fort Mill, SC 29716

Please make checks payable to World Outreach Center (WOC), (a non-profit 501(c)(3) organization.)