



**MISSIONS TRIP APPLICATION**

\_\_\_\_\_  
**Trip Location**

\_\_\_\_\_  
**Trip Dates**

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

\_\_\_\_\_  
**Birth Date (M/D/Y)**

\_\_\_\_\_  
**Passport Number and Country Issued**

\_\_\_\_\_  
**Exp. Date (min 6 months validity)**

\_\_\_\_\_  
**Home / Work phone**

\_\_\_\_\_  
**Cell phone**

\_\_\_\_\_  
**Email**

\_\_\_\_\_  
**Single      Married**  
**Marital Status**

\_\_\_\_\_  
**Your Mailing Address**

\_\_\_\_\_  
**Name, address and phone number of your local church**

\_\_\_\_\_  
**Leader or Pastor's Name**

**If you are not a member of WOC, please list 2 references who are NOT family members:**

**Name, email and phone** \_\_\_\_\_

**Name, email and phone** \_\_\_\_\_

**Please include a brief testimony and the reason you want to participate on this missions trip. (Attach a separate page if necessary.)** \_

**Have you ever participated on a missions trip? Yes \_\_\_ No \_\_\_      Where?** \_\_\_\_\_

**Are you taking any medications or do you have allergies or physical conditions we should be aware of before you travel? 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.**

**Office Use Only:**    **WOC Approval:** \_\_\_\_\_      **Date:** \_\_\_\_\_