

## **MISSION TRIP APPLICATION**

Application to serve overseas for a short term or long term period

PERSONAL INFORMATION						
Name:	_	Date of Birth:				
Address:			Zip:			
Phone:		E-mail:				
Country(s)/Region(s) where	you are interested	l in serving:				
Length of Time you ar	e able to commit:					
	_					
PROFESSION/EDUCATION						
Occupation/Title:	Specialty if applicable:					
Current Employer:						
Professional License (if applicable): License #						
List below all the schools at	tended and degree	s earned				
School	Years attended	Degree received	Date			
Special Professional	Training, Skills and	or Hobbies:				
Volunteer Work/Communit	y Affiliations:					

Languages Spoken:					
SPIRITUAL INFORMATION					
Church You Attend:					
Are you a member?	If yes, since when?				
Service and/or Leadership Roles in the Church if any:					
•	·				
Past Mission Tri	os and Length of Trips (if any):				
Past Mission Trips and Length of Trips (if any):					
Write a Brief Testimony of yo	ur spiritual walk:				
Time a bile resumony or yo					
Describe your desire to serve	overseas:				
* Have you over been service	ad ar pland quilty or no contact to any original aff	fonco			
	ed or plead guilty or no contest to any criminal of	iense?			
Yes:	No:				

If yes, please explain:						
* Any known physical or mental health issues that would prevent you from being able to fulfill your commitment in a sometimes physically demanding, high stress environment?						
Yes:	No:					
If yes, please explain:	NO	•				
, , , ,						
* Please provide the name au church leader	nd contact of two	reterences, o	ne protes	ssional and one a		
Name	Relationship to you	Address	email	Phone Number		
The information contained in this application is correct to the best of my knowledge. I have not knowingly withheld any fact or circumstance that would unfavorably affect my application. I authorize Health Outreach to the Middle East (HOME) to verify information listed herein such as employment, church affiliation and references. I hereby release HOME and its agents from any and all liability arising there from.						
Signature X		Date:				

Please return your completed application by email or mail to HOME at:

- info@homeforhim.org
- H.O.M.E., 3403 Cartwright Rd, Missouri City, TX 77459