



THEALLIANCE

Short Term Missions Trip Participants Form



Applying for Mission Trip to: _____

Thanks for applying for our VVAC missions trip. It is essential that this application be completed in its entirety where possible. Confidentiality will be maintained.

Please return your completed application to the church office.

ValleyView Alliance Church
Attention: Missions Committee
200 Alliance Avenue
York, PA 17406
717-755-0193
pweitzel@valleyviewcma.org

Office Use Only

Date Received ___ / ___ / _____

GENERAL INFORMATION

Name (as it appears on your passport if you have one):

(LAST) _____ (FIRST) _____ (MIDDLE) _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Best Contact Number: _____ - _____ - _____ **Ext:** _____

Cell: _____ - _____ - _____ (Receive Text Messages: Yes or No)

What is your highest year of education completed? _____

Occupation: _____

Employer or School: _____

Social Security Number: _____ - _____ - _____

Sex: _____ **D.O.B.:** _____ / _____ / _____

Marital Status: _____ **Email:** _____

Do you attend Valley View? _____

If yes, are you a member? _____

Do you attend another church? _____

If yes, what church do you attend? _____

Pastor's Name: _____

Church Phone Number: _____ - _____ - _____

TRAVEL INFORMATION

- You will need to apply for a passport as soon as possible if you do not have one, or if your current one expires within six months of your return from this trip.
- If you are in the process of obtaining your passport let us know this information as soon as you know it.

Passport Number: _____ Citizenship: _____

Date of Issue: _____ Date of Expiration: _____

Date of Birth: _____ Place of Birth: _____

EMERGENCY CONTACT INFORMATION

Name: _____ Relationship to You: _____

Home and/or Cell Phone: _____ - _____ - _____

Work Phone: _____ - _____ - _____

Email: _____

HEALTH QUESTIONS

Do you have any health problems?

YES NO

Family Physician name and phone number:

(NUMBER): _____ - _____ - _____

(NAME): _____

Describe any health problems requiring regular medical care:

List prescription medications:

List any chronic disease, medical restriction, special dietary needs, or allergies:

HEALTH INSURANCE INFORMATION

Do you have health insurance? YES NO **Is it applicable outside the U.S.?** YES NO

Company Name: _____

Phone Number: _____ - _____ - _____

Group Number: _____ **Policy Number:** _____

Name of Insured: _____

FIELD MINISTRY EXPERIENCE

What languages other than English do you speak, read, or write? (please indicate your proficiency level)

Previous short term missions: YES NO

If yes, locations and dates of last 2 trips:

TRIP #1: _____ DATE: _____

TRIP #2: _____ DATE: _____

Have you traveled outside the U.S.? YES NO

If yes, locations and dates of last 2 trips:

TRIP #1: _____ DATE: _____

TRIP #2: _____ DATE: _____

Are you involved at ValleyView Alliance Church? YES NO

If yes, in what capacity? _____

What is your practice in personal prayer and Bible study?

What spiritual gifts do you have that will help you serve effectively on this mission team?

What are some of the skills/talents that you bring to our team? Please be specific.

TESTIMONY

1. When did you become a Christian?

2. Have you ever given your personal testimony before a group? YES NO

3. Can you, in good faith, agree with the Alliance Statement of Faith? YES NO

(The Alliance Statement of Faith can be found at valleyviewcma.org)

***** Include a single separate sheet with
your personal testimony.**

REFERENCES

List three character references. These should be persons who know you well.

Name and relationship/phone number

1. _____
2. _____
3. _____

COVENANT

As a member of the ValleyView Mission's team, I understand I represent not only ValleyView Alliance Church but also the C&MA Missions, and the United States. If selected to be a part of a ValleyView short-term mission's team, I agree to

1. Complete team building training and trip preparation exercises as determined by my team leader(s).
2. Conduct myself as a guest and a servant in a manner worthy of the Lord while serving Him on this trip.
3. Submit to the team leader's and field host's authority and the needs of the group over my own in a way that honors them and the Gospel.
4. Refrain from any behavior that may compromise my witness.
5. Return home at my own expense, if at any time, while on this trip, my behavior constitutes a problem as determined by our team leader.
6. Abstain from the use of alcohol, tobacco, and illegal drugs.
7. Not hold trip leaders, the sponsoring mission/missionaries, or ValleyView responsible for any accident, injury, illness or other personal loss that might result from this trip.
8. Authorize trip leaders, as my agents, to consent to any emergency treatment that is necessary in the case of an accident or illness.

SIGNATURES

For the ValleyView missions team to be successful, each person on the team needs to submit themselves first to the Lord and also to their appointed team leader(s). By signing below, you affirm that the above information is true and that you willingly submit to your team leader(s) and uphold them in prayer for this trip.

Printed name: _____

Signature: _____

Parent/Guardian Name if under 18: _____

Parent/Guardian Signature: _____

How can we pray for you? _____

FOR USE BY MISSIONS TRIP COMMITTEE ONLY

(PLEASE INITIAL AND DATE)

Date: ___ / ___ / _____

APPROVE:

DECLINE: