



# APPLICATION SHORT-TERM MISSION TRIP INTERNATIONAL ALLIED MISSIONS

Trip Dates: \_\_\_\_\_

## PERSONAL INFORMATION

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

PHONE \_\_\_\_\_

E-MAIL \_\_\_\_\_

PASSPORT # \_\_\_\_\_

## EMERGENCY CONTACT

NAME \_\_\_\_\_

PHONE \_\_\_\_\_

E-MAIL \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

## SPIRITUAL INFORMATION

Do you have a personal relationship with Christ? \_\_\_\_\_

How long have you been a Christian? \_\_\_\_\_

What are your spiritual gifts? \_\_\_\_\_

## PLEASE INITIAL YOUR AGREEMENT TO THE FOLLOWING STATEMENTS:

I agree to abstain from the use of alcohol and tobacco while on this trip. \_\_\_\_\_

I agree to submit to IAM and Spirit of Truth Leadership while on this trip. \_\_\_\_\_

I agree to raise support for or pay all fees associated with this trip. \_\_\_\_\_

Please attach three (3) copies of your passport and a brief testimony of your faith to this form.

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

I am aware of my child's interest in participating in this trip and give my permission for him/her to serve God in this manner. I assume responsibility for all costs incurred on my child's behalf which are related to this trip.

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Parent's Signature

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Date