

Name of Applicant: _____

Date Received: _____

SHORT TERM MISSIONS

Veteran Application

Dear STM Applicant,

We are excited that you would like to participate in a Short-Term Mission trip again! Mountain Christian Church is committed to helping believers live out the Great Commission in active service both locally, regionally and globally (“...go and make disciples of all nations, baptizing them in the name of the Father and of the Son and of the Holy Spirit...”- Matthew 28:19-20).

Believing that Short Term Missions (STM) are a strategic way for the church to continue carrying out the Biblical message of Matthew 28:19-20, we have attempted to create a vehicle whereby believers can participate in this work of eternal significance. The life-changing stories of those who have gone on trips, or who have been impacted by involvement with STM's are beyond measure.

The STM Ministry at Mountain Christian Church seeks to expand our mission statement to “Make disciples, more and better disciples”...all around the world. Our desire is to reach out to meet physical and spiritual needs beyond Harford County, MD in the name of Christ. One of the ways we do this is by partnering with our existing full-time field missionaries in cross-cultural, multi-faceted STM trips and projects around the world.

“But you will receive power when the Holy Spirit comes on you; and you will be my witnesses in Jerusalem, and in all Judea and Samaria, and to the ends of the earth.”
- Acts 1:8

Included in this STM Application are areas for you to update important information that was provided in your previous application. There is also a place for you to tell us how you were impacted by your last STM trip.

Please take your time and prayerfully consider your answers as you work through this application process. We are eager to review your application and then get to know each other better as we seek to help fulfill the Great Commission.

God continues to go before us and we are praying for discernment in being obedient to His call to serve the world in His name.

Short Term Missions Ministry
Mountain Christian Church



Find out more about STM at www.mountainchristian.org

Trip Application “Quick Reference”

- Step 1:** **Pray for discernment** as to your level of involvement, commitment and where you feel He is leading you to serve in another STM trip.
- Step 2:** **Speak with others** who have been on STM trips and ask them to pray with and for you in making this decision.
- Step 3:** **Fill out the [Veteran Application](#).**
- Applications are available at either the New Life Center or Mountain Center welcome/information areas or can be downloaded from the Missions page of the MCC website.
- Step 4:** **Turn in the completed Trip Application along with initial deposit** of \$100 payable to MCC to the STM mailbox or the Guest Information Desk prior to the appointed application deadline for that specific trip.
- Step 5:** **You will be contacted by the Trip Leader(s) to set up an interview** as the teams are being formed.
- (The interviews are viewed as an integral part of the application and approval process and are designed to gauge the spiritual and emotional readiness of applicants as well as their individual giftedness and fit for the team that is being assembled. In addition, the interview provides a forum to exchange general questions and answers regarding the trip, commitment, team, etc.)
- Step 6:** **An interview will be held with each applicant and three interviewers** – made up of the Trip Leader(s) and members of the STM Ministry Team. These interviews typically take 45-60 minutes.
- Step 7:** **Each applicant will receive word from the interviewing group** as to whether or not they have been selected to be part of the trip/team they have applied for. The time frame for hearing back will be clarified during the interview.
- Step 8:** **Other information regarding details** of team meetings, training and other requirements for the trip (passports, health items, etc.) will be communicated by the trip leader(s) after each team is set.
- Step 9:** **Keep praying** as God leads your team onto the mission field!

SHORT TERM MISSIONS

Veteran Application

CONSIDER THE COST

Your participation in a short-term mission trip demands a commitment of time, money, and personal endurance. The following requirements are meant to help you evaluate your readiness to apply for this trip.

FINANCIAL

As part of your application you must submit an initial deposit of \$100. All deposits are to be made **by check and made payable to Mountain Christian Church**. Upon acceptance as a team member, the initial deposit will be deposited in the bank immediately as part of the trip funding. In the event that your application is not accepted, your initial deposit will be returned to you.

Fund raising ideas and detailed guidelines will be provided; however, the entire cost of the trip is your responsibility. Consult the trip destination list to see the estimated cost of your chosen trip and the pre-determined due dates for payments. **Immunizations, passports and any personal spending money are in addition to the estimated cost.**

DOCUMENTS

1. You must complete and sign the entire Short Term Mission Application.
2. The following documents must be provided **after you receive confirmation of acceptance**:
 - A valid **passport**, required for all destinations outside the United States. The total cost to obtain a passport is \$65-\$100. You should apply for a passport **at least ninety days prior to the trip** departure. (**Do NOT apply until you have received your letter of acceptance**). For further passport information, go to http://travel.state.gov/passport_services.html. Some trip destinations may also require a Visa. If you already have a valid passport, check its expiration. The expiration date must be at least 6 months after the date of the mission trip.
 - **Proof of overseas health insurance** coverage must be submitted.
 - **A photocopy of your health insurance card**. This will be kept on file during the trip in case emergency medical care is needed.
 - **A color copy of your passport**.
 - **A copy of your driver's license**.

Personal Information

Some trips are more strenuous than others, but most include physical, mental, and emotional strains. Consider factors in your personal life that may distract and prohibit you from fully committing to the trip and adapting to unusual conditions.

There are both required and recommended immunizations and/or medications for most trips. The costs associated with these items are not included in the estimated price of the trip. After learning of the immunizations specific to your trip it is the responsibility of each team member to consult with their Primary Care Physician regarding these items.

Completion of all pre-trip and post-trip training meetings and assignments is required.

Please print or type

Today's Date _____

Legal Name (as it appears on birth certificate/passport)

Last

First

Middle

Preferred Name/Nickname _____

Mailing Address _____

Street

City

State

Zip

Telephone:

Home

Work

Cell

E-mail:

Primary

Secondary

Date of Birth ____/____/____

Place of Birth _____

Marital Status: M S D W

Children: N Y Ages _____

Are you a U. S. citizen? Y N

If no, give country of citizenship _____

Do you have a criminal record? Y N

If yes, please explain _____

Do you have a valid Passport? ____Y ____N

Issue Date: _____

Expiration Date: _____

T-shirt Size S M L XL XXL

Trip Selection (Please put your 1st trip preference in first line if available for more than one trip)

1. Trip Destination _____ Dates _____

2. Trip Destination _____ Dates _____

Applicant's Name: _____

How would you rate your general health? ____ Excellent ____ Good ____ Fair ____ Poor

Medical Information

Date of Birth:	Sex:	Blood Type:
----------------	------	-------------

Allergies to food, medicines, animals, insects, etc.

List any special equipment needed (such as wheelchair, braces, glasses, etc.):

Medical conditions (for which you are under a doctor's care in the past or present):

Name of Primary Care Physician	Telephone # of Primary Care Physician
--------------------------------	---------------------------------------

List any medications to be administered during the trip and specific instructions:

Medication	Dosage	Times per Day	When Started

EMERGENCY CONTACT INFORMATION:

Name	Relationship	Daytime Telephone
Address	City, State & Zip	Evening Telephone
E-mail:		

INSURANCE INFORMATION:

To be filled out by parent, legal guardian, or adult participant.

Personal Insurance Company or Group	Policy Number
Primary Name on the Policy	ID Number
Relationship to Participant	Insurance Company Address
	Insurance Company Telephone Number

Experience

Please list your last missions experience. Include the following:

Year	Group/Organization	Location	Trip Length	Team Size
------	--------------------	----------	-------------	-----------

What were your main tasks (*construction, teaching English, VBS, etc.*)?

What things would you list as highlights of your trip?

In what ways do you feel you have grown from this trip?

What things do you wish had been different?

Describe any other significant cross-cultural experiences you have had.

Personal Application

1

Has your church involvement changed since your last STM trip? In what ways? (Small groups, community service, volunteer position in church, etc.)

2

In what other ways has your last STM trip changed/affected you?

3

How have you applied what you learned on your last STM trip?

Application Reviewed by:

NAME: _____
DATE: _____
INITIAL: _____

NAME: _____
DATE: _____
INITIAL: _____

NAME: _____
DATE: _____
INITIAL: _____

NAME: _____
DATE: _____
INITIAL: _____

Interview Date: _____

Time: _____

Interviewers: _____

APPLICANT WAS:

Accepted Not Accepted

Confirmation Given:

Date: _____

By: _____

Notes

Notes

