

Calvary Assembly's Mission Application Form

Mission Trip to _____

PERSONAL INFORMATION

Name: _____

Passport Number: _____

Nationality: _____

Expiry Date: _____

Date of Birth: _____

Home Address: _____

Phone Number: _____ (home) _____ (mobile)

Email: _____

Occupation: _____

EMERGENCY CONTACT

Name: _____

Contact Number: _____

QUESTIONS

1. What are your spiritual gifts/talents?

2. Are you able to self-finance this Mission trip? (Please circle) Yes/No/Partial

3. Are you on medication or any medical attention? If so, please provide details.

4. Why do you want to participate in this Mission trip? Please list your objectives.

Criteria for Acceptance:

- a. Completion of Mission training provided by team leaders.
- b. Payment of all financial commitments before the trip.
- c. An ongoing demonstration of Christian maturity and submission to team leaders.

Please note that travel insurance is required and is at your personal expense.

I agree to the above criteria.

Name: _____

Signature: _____

Date: _____