



**INTERNATIONAL MISSIONS TRIP APPLICATION - Short Form**

Trip Start Date: \_\_\_\_\_

Country: \_\_\_\_\_

**STEP 1: GENERAL INFORMATION**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ M / F Age: \_\_\_\_\_

Home Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_ T-Shirt Size \_\_\_\_\_

**Personal Reference (not a family member)**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Samuels Fun or CLEP Sponsor?**

Yes

No

Both

**Need one of the following:**

Trip Guide – Paperback

Luggage Tags

None

Both

**How many trips have you been on with STCH? \***

1

2

3 or more

What Year? \_\_\_\_\_

**Stay in Touch**

Subscribe to email updates from STCH Ministries International, including Joanna's Journal, which tells the stories of mission teams like yours.

Receive general STCH Ministries email news (not only from International)

**Emergency Contact (someone not on the trip with you)**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**STEP 2: TRAVEL INFORMATION**

**Passport Information**

Full Legal Name: \_\_\_\_\_ Passport Number: \_\_\_\_\_ Nationality: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Passport Date of Expiration: \_\_\_\_\_

**STEP 3: MINISTRY QUESTIONS**

What is your proficiency in the Spanish language?

- None
- Level 1 – Beginner
- Level 2 - Independent speaker
- Level 3 - Proficient Speaker
- First Language

Experience and Training (circle one):

Medical    Dental    Children’s Activities    Construction    Sewing

Experience with ESL    Teacher Training    Parent Classes    Nutritionist

Ladies Bible Study    Men Bible Study    Leadership Training    Licensed

Marriage    Counselor    Pastoral Conference    Other \_\_\_\_\_

Please elaborate on your experience and training in the items you selected above?

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**STEP 4: MEDICAL INFORMATION**

What is your blood type? \_\_\_\_\_ What is the date of your last tetanus shot? \_\_\_\_\_

Primary Medical Physician \_\_\_\_\_ Primary Medical Physician Phone Number \_\_\_\_\_

List any allergies, physical limitations, or dietary restrictions, including chronic diseases:

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**STEP 5: STCH MINISTRIES TEAM COVENANT**

*As a member of the Mission trip team:*

- 1. I will be a guest working for Christ and the local church/mission organization to witness to the local people. My actions will affect the witness of our team, the church, and the Christians in the community while I am on the field and after I am gone. Therefore, I will conduct myself in a manner which honors God and represents both STCH Ministries and the United States of America in a worthy manner.*
- 2. I am giving of myself, my time, abilities, and resources, to serve God and others during this mission trip. I will work hard and do my fair share of the work.*
- 3. I will follow the leadership of my team leader and DR staff even if things are not done the way I think they should be done. I will listen, work with the team, and learn from others on the field. I will encourage and help my team accomplish its purpose. I will put the needs of others before my own.*
- 4. I will abstain from use of any alcohol, tobacco, illegal drugs, and any behavior that will negatively affect our witness for Christ during the mission trip. I will wear culturally appropriate Christian clothing and jewelry while I am on the mission trip.*
- 5. I will make STCH Ministries staff aware of any contact I may have with those at the mission destination after the trip. I will seek guidance from STCH Ministries staff before offering any outside financial help to anyone at the mission destination.*
- 6. I will focus on the mission goals while on the mission trip. I will refrain from becoming involved in personal business or any romantic relationship.*
- 7. I understand that I may be removed from the mission team for not adhering to this agreement, or if the Team Leader believes it is in my best interest or that of the team. If I am removed from the team, I will be sent home on a commercial passenger carrier at my own expense.*

*I have read the Team Covenant and agree to abide by these standards.*                       Yes     No

\_\_\_\_\_  
Signature-Applicant/Participant

\_\_\_\_\_  
Date