

Tustin Presbyterian Church
International Mission Trip Application
Costa Rica December 30, 2017- January 6, 2018

Basic Information

First Name _____

Last Name _____

Email _____

Male / Female

Date of Birth _____

Address Line 1 _____

Address Line 2 _____

Address Line 3 _____

City _____

State _____

Zip _____

Home Phone _____

Cell Phone _____

B) Passport Information

Valid Passport __ yes __ no

Name exactly as it appears on Passport:

Expiration Date _____

Church Background

1) Are you a member at TPC and if so, then for how long?

2) What church classes or small groups do you participate in?

4) What ways are you currently serving in the church or community and for how long?

5) What ways have you previously served in the church or community and for how long?

Travel

1) Please describe any special skills, talents, spiritual gifts, or service experience that you feel may be helpful on this mission trip (music, teaching, first aid, construction, etc.):

2) List all previous mission trip or cross-cultural experience:

3) Have you traveled internationally before? If so, please indicate what countries, for what purpose, and for how long?

4) Please list any foreign language skills you have.

Spiritual

1) Briefly share your personal testimony of faith.

3) What has God been teaching you this past year?

4) Why do you want to go on this mission trip and how has God been leading you in this direction?

6) What do your immediate family members think about your intentions to join this trip?

7) What do your closest friends think about your intentions to join this trip?

8) Please list any concerns you have about joining this trip?

9) In your opinion, what are your areas of character strength, and areas of character weakness?

10) Briefly explain what you hope to see the Lord do in and through you on this mission trip.

Medical

1) Do you have any physical conditions or allergies your team leader should be aware of and/or which might affect you or the team on this trip?

___ yes ___ no

2) If yes, please specify:

3) If you are on medication, can you bring enough to last the entire trip?

___ yes ___ no

4) Vaccinations / immunizations may be required for this trip. Will you meet with your medical provider to counsel regarding appropriate vaccinations / immunizations for this trip, comply with their recommendations, and provide proof of vaccinations / immunizations if asked to do so?

___ yes ___ no

5) Do you currently have medical insurance? ___ yes ___ no

References

Please list the names and email addresses of 3 references who know you well and can comment upon your spiritual walk and service.

(ONE reference may be from a family member)

Reference 1

Name _____

Email _____

Relationship _____

Reference 2

Name _____

Email _____

Relationship _____

Reference 3

Name _____

Email _____

Relationship _____

Please list any questions or comments you have related to this application or mission trip:

Please submit your completed application by 5:00pm May 15 to:

Ashley Riopka

Tustin Presbyterian Church

225 W Main St. Tustin, CA 92780

Thank you!