

**The Entire Package contains important forms that you are to fill out and turn in as soon as you are starting to praying to join the team.**

### **Application (due as soon as possible)**

This form gives us all the important information that we will need to keep you informed. Once you have submitted your \$100 deposit this will secure your spot on the team; spots are very limited, and we need to have some commitment from you to secure the spot. If you would like a payment schedule to help you with when payments are due, please reach out to us and we will be more than happy to provide this to you.

### **Medical Release Form**

This form needs to be completed, signed and notarized prior to our departure. We will do all that is possible to keep the team safe and pray that the Lord will keep his protection over us and that we will all be healthy during our trip. If for any reason we are to need medical attention for any of our members we ask that this form is filled out as authorization that as leaders we are able to make any necessary medical decision that may be needed (in case you are not able to do this on your own).

### **Health Questionnaire**

The Health Questionnaire allow provides us detail information of any medical issue that we are to be aware of incase we do need to take a team member to a medical facility while out on our Mission Trip. If you have any known allergies (including food ones) please be sure to let us know and plan to bring an EPI Pen with you on the trip in case you are in need of one.

### **Sample Sponsor Letter**

We are providing a sample of a Sponsor letter that you are able to copy and paste to create your own letter to request others to become your financial and prayer partners during your trip. If you need help in this area, please reach out to us and we can assist you further.

### **Mission Trip Packing List**

A suggested list of things that are most likely to be need during your Mission Trip. More details of the specific Mission Trip will come as we get closer to the departure dates.

# MISSION TRIP APPLICATION

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## GENERAL INFORMATION

Legal Name (as it appears on your passport): \_\_\_\_\_

Passport Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
(Write "Pending" if you have applied for but not yet received your passport)

Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Citizen of: \_\_\_\_\_ Birthplace: \_\_\_\_\_  
Years Month/Date/Year Country Country

Gender: \_\_\_\_\_ Occupation: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street, Box #, or R.R. City State Zip/Postal Code

E-mail address: \_\_\_\_\_

Phone numbers: (home) \_\_\_\_\_ (work) \_\_\_\_\_ (mobile) \_\_\_\_\_

Adult T-shirt Size: \_\_\_\_\_ XS \_\_\_\_\_ S \_\_\_\_\_ M \_\_\_\_\_ L \_\_\_\_\_ XL \_\_\_\_\_ XXL \_\_\_\_\_ XXXL

Emergency Contact (someone who will not be going on the trip with you):

Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street, Box #, or R.R. City State Zip/Postal Code

Phone numbers: (home) \_\_\_\_\_ (work) \_\_\_\_\_ (mobile) \_\_\_\_\_

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## **MISSION TRIP FOR WHICH YOU ARE APPLYING:**

Location: \_\_\_\_\_ Date of Trip: \_\_\_\_\_  
City and/or Country Month/Date/Year

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## MINISTRY INFORMATION

1. Do you attend a church?  Yes  No How long? \_\_\_\_\_

In what ministries have you previously served? \_\_\_\_\_

Primary Areas of Interest for this trip: (Check all that apply) \_\_\_\_\_ Bible/Theology \_\_\_\_\_ Evangelism \_\_\_\_\_  
Adults \_\_\_\_\_ Construction \_\_\_\_\_ Medical \_\_\_\_\_ Teens \_\_\_\_\_ Education \_\_\_\_\_ Sports \_\_\_\_\_ Children \_\_\_\_\_ VBS  
\_\_\_\_\_ Worship \_\_\_\_\_ Public Speaking \_\_\_\_\_

Other \_\_\_\_\_

7. Specialized ministry skills and talents: (Check all that apply) \_\_\_\_\_ Drama \_\_\_\_\_ Public Speaking \_\_\_\_\_  
Leadership Development \_\_\_\_\_ Foreign Language (which  
ones?) \_\_\_\_\_ Music (vocal,  
instruments, tech) \_\_\_\_\_

Organization \_\_\_\_\_ Teaching (Grade Level) \_\_\_\_\_

Other \_\_\_\_\_

8. List previous mission trip experience: Year, Country, Church, Trip Purpose or Goal a. \_\_\_\_\_

\_\_\_\_\_ b. \_\_\_\_\_

\_\_\_\_\_ c. \_\_\_\_\_

9. Write a brief statement of how you came to know Jesus Christ personally.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Why do you want to go on a short term mission trip?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. What are your trip expectations?

\_\_\_\_\_  
\_\_\_\_\_

12. What are some things you are doing now to grow in your intimacy with Christ?

\_\_\_\_\_

13. In your opinion, what are your strengths? (character traits/abilities/skills)

\_\_\_\_\_

14. In your opinion, what are your weaknesses? (character traits/abilities/skills)

\_\_\_\_\_

15. Are you willing to raise the funds needed to cover the cost of the trip and meet payment deadlines? Yes

No

16. Are you willing to attend all of the required training sessions and team building events? Yes  No
17. On the mission field, do you agree not to use alcohol, tobacco, public displays of affection between sexes (married or single), profane language, inappropriate dress deemed disrespectful of the culture you are serving in, and/or critical or complaining attitude or words? Yes  No
18. I understand it is my responsibility to check with my physician concerning immunizations. Yes  No
19. I understand that all funds donated/collected for the trip are non-transferable/ non-refundable once turned over to the ministry. Yes  No

**MEDICAL BACKGROUND**

1. Do you have any limiting physical conditions which would hinder the safety or efficiency of you or the team? (i.e. serious allergies, back problems, limited mobility, poor eyesight, poor hearing, etc.) If yes, please explain. Yes  No

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2. If you are on medication, can you bring enough for the duration of the trip?  Yes  No

3. Have you been under a doctor's care for a serious illness within the last year? Yes  No  If yes, please explain.

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**Emergency Contact Information**

Who may we contact in case of an emergency?

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

Relationship to

Applicant: \_\_\_\_\_ Address: \_\_\_\_\_

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Home Phone: ( \_\_\_\_ ) \_\_\_\_\_ Cell Phone: ( \_\_\_\_ ) \_\_\_\_\_ Work: ( \_\_\_\_ )

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Email (if checked regularly):

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I hereby certify that all statements in this application are true and complete to the best of my knowledge.

Signature

\_\_\_\_\_ Date \_\_\_\_\_

Please keep my information on file for future trips.



## MEDICAL RELEASE

### PLEASE PHOTOCOPY THIS RELEASE FOR EACH TEAM MEMBER

Each team member is to complete the following medical release, and have it notarized before departure. In the case of a minor, the parent or legal guardian should complete, sign and have notarized.

**NOTE TO TEAM COORDINATOR:** The signed and notarized copies of the medical release **must be taken to the mission field by you** since they may be required by the hospital or doctor before medical assistance can be given.

Date: \_\_\_\_\_

I hereby give \_\_\_\_\_ (team coordinator) and \_\_\_\_\_ (team member) permission to secure immediate medical treatment for me in the event that I am not able to make that decision due to an injury or illness. In the case of a minor, I, the legal guardian, give permission to the aforementioned to secure immediate medical treatment for my child in the event of accident or illness. In either case it will be from the date of \_\_\_\_\_, \_\_\_\_\_ to \_\_\_\_\_, \_\_\_\_\_.

NAME: (Print) \_\_\_\_\_

SIGNATURE: \_\_\_\_\_  
(If minor-guardian's signature)

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Sworn to before me and subscribed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Notary

\_\_\_\_\_  
Expiration and seal



# HEALTH QUESTIONNAIRE

Team Members Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Emergency Contact Phone#: \_\_\_\_\_

Please place a check mark beside any of the health conditions that you may have at the present time or have had in the past. It is important that your team coordinator be aware of any medical problems that may arise while on the trip. Please use the comment space below to add any existing conditions that may not be itemized. Preexisting conditions are not covered by the Word Seed Ministry, Inc.

## HEART

- Heart Surgeries
- Bypasses
- Heart Medication
- Pacemaker
- High blood pressure

## LUNGS

- Asthma
- Emphysema
- High Altitudes

## DIET

- Diabetes
- Prescribed insulin
- Hypoglycemia
- Diet restrictions

## OTHER

- Allergies
- Phobias (heights, crowds, etc.)
- Epilepsy
- Other Medication (sulfa, etc.)

**Signature:** \_\_\_\_\_

**Note:** Signature indicates that you have indicated all your known illnesses or symptom that they team leaders need to know.



Dear Friends and Family:

I hope that God is doing as many wonderful things in your life as He is in mine. I am having a wonderful year (put some personal information about how things are going with you), and feeling God leading me to do really special things around the world. I want to share with you a challenging ministry opportunity that God has presented to me. The tentative dates for an opportunity I have been presented with are December 2<sup>nd</sup> – 13th. This 10-day mission trip will be reaching out and spreading the gospel to the people of Nicaragua. While God has opened up a door for me to develop a greater heart of compassion for His people around the world, the exciting part is that you will be able to share in this compassion in several ways. First, you can help pray for our group. We will need prayers that God will prepare us for our visit and bless our efforts as we minister to the people of Nicaragua. We will also need prayers that our financial needs will be met. At this time we need to raise \$1,350.00 each to attend this trip and that is quite a challenge! Another way you can be involved is to help provide that financial support. Would you consider supporting me with a small donation? I have included a postage-paid envelope for you to use if you feel led to contribute. I will need to raise all my funds by November 8th to pay for airline tickets and other items. Please make checks payable to World Seed Ministry. Whether you feel led to contribute financially, through prayer, or both, all of your support is appreciated. I look forward to doing God's work in Nicaragua and letting you know all about how God has worked through this team when I return in December knowing that God receives all the glory.

God Bless,

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## MISSION TRIP

### PACKING LIST

<p><b>Clothing</b></p> <ul style="list-style-type: none"><li><input type="checkbox"/> Underwear/Slips/Bras</li><li><input type="checkbox"/> Slippers / Socks</li><li><input type="checkbox"/> Summer Sleepwear / Robe</li><li><input type="checkbox"/> Dress and/or Skirts &amp; Tops</li><li><input type="checkbox"/> Shirts</li><li><input type="checkbox"/> Pants/Shorts (appropriate)</li><li><input type="checkbox"/> Encuentro Shirts</li><li><input type="checkbox"/> Bags for dirty clothes</li></ul> <p><b>Shoes</b></p> <ul style="list-style-type: none"><li><input type="checkbox"/> Tennis Shoes/Working Shoes</li><li><input type="checkbox"/> Sandals / Flip Flops</li><li><input type="checkbox"/> Dress Shoes</li></ul> <p><b>Skin Care</b></p> <ul style="list-style-type: none"><li><input type="checkbox"/> OFF Mosquito Spray / Bug Spray</li><li><input type="checkbox"/> Sun Screen</li></ul>	<p><b>Shower Supplies</b></p> <ul style="list-style-type: none"><li><input type="checkbox"/> Toothbrush / Paste / Floss</li><li><input type="checkbox"/> Mouthwash</li><li><input type="checkbox"/> Comb / Brush / Makeup</li><li><input type="checkbox"/> Soap / Shampoo / Razor</li><li><input type="checkbox"/> DEODORANT</li><li><input type="checkbox"/> Bath Towels / Wash Cloths</li><li><input type="checkbox"/> Q-Tips</li><li><input type="checkbox"/> Bath shoes</li></ul> <p><b>Carry-On Items</b></p> <ul style="list-style-type: none"><li><input type="checkbox"/> Passport</li><li><input type="checkbox"/> Reading Material</li><li><input type="checkbox"/> Cell Phone Chargers</li><li><input type="checkbox"/> Bible / Journal / Pen</li><li><input type="checkbox"/> Washcloth in Baggie</li><li><input type="checkbox"/> Clean set of clothes</li><li><input type="checkbox"/> GUM</li><li><input type="checkbox"/> Headphones</li></ul>	<p><b>Medicines</b></p> <ul style="list-style-type: none"><li><input type="checkbox"/> Pepto Bismol / Imodium AD</li><li><input type="checkbox"/> Contact Accessories / Glasses / Repair Kit</li><li><input type="checkbox"/> Cold / Allergy Medicine</li><li><input type="checkbox"/> Maalox / Tums</li><li><input type="checkbox"/> Lip Balm</li><li><input type="checkbox"/> Ibuprofen / Tylenol</li></ul> <p><b>Miscellaneous</b></p> <ul style="list-style-type: none"><li><input type="checkbox"/> Hand Sanitizer</li><li><input type="checkbox"/> Fingernail Clippers/ Tweezers</li><li><input type="checkbox"/> Tissues</li><li><input type="checkbox"/> Feminine Products / Band-Aids / Antiseptic</li><li><input type="checkbox"/> Hand / Body Lotion</li><li><input type="checkbox"/> Laundry Detergent</li><li><input type="checkbox"/> Toilet Paper (2 purse size-rolls)</li></ul>
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#### **Team Items (EVERYONE Needs to Bring these items)**

- Zip-Loc Baggies (Varied Sizes)
- Trash Bags

**List of these more detail needs will be provided as we get closer to the trip**

**You may want to add to or subtract from this list, just keep in mind the bag weight.**

**Try to pack things you can leave behind as useful gifts!**