



KINGSWAY CHURCH SHORT - TERM MISSION APPLICATION

2701 Chapel Avenue, Cherry Hill, NJ 08002
856.667.9098

We praise God for your interest in serving Him through a short-term mission experience! Please **PRINT** the following information in blue or black ink.

Today's date: ____/____/____

Desired ministry location: _____

Date/Length of trip: _____

1. NAME: _____
Last **First** **Middle**

2. ADDRESS: _____
Street **Apt. #**

City **State** **Zip**

3. TEL# HOME () _____ - _____ TEL# WORK () _____ - _____ ext. _____
FAX: () _____ - _____ EMAIL: _____

4. Please answer if under age 18. Age: _____ Are you traveling with a parent? Yes No
Please write his or her full name: _____

(Applicants under 13 can be considered only if a parent would be traveling with the team as well.)

5. Have you been on a short-term missions trip before? _____ If yes, please fill in information concerning your most recent trip. Where: _____ When: _____
Name of team leader: _____

6. Passport number: _____ Issuing Country: _____
Expiration Date: _____ (Please include **a copy of your passport**)
Please check here if you do not have a passport _____

For non-US citizen: Type of visa: _____ Date of expiration: _____

7. Medical professionals: Please attach a copy of your current professional license

8. Are you currently employed? _____ If yes, state your position and responsibilities:

9. Marital Status: (Please circle) Single Engaged Married Divorced Widowed Children
Ages of children: _____

10. Person to contact in case of emergency: _____

Last

First

Address: _____

Street Address

City

State

Zip

Relation to you: _____ Tel # Home () _____ - _____

Cell: () _____ - _____ Tel # Work () _____ - _____ ext: _____

11. Do you regularly attend Kingsway Church? Yes No If yes, how long have you attended? _____ yrs _____ mos.

11 a. If not: I have arranged for a pastor to send a reference on my behalf Yes _____ No _____

12. In which ministries, if any, do you regularly participate? _____

13. Please list the name and telephone number of a ministry leader that is familiar with you:

Name: _____ Telephone number: () _____ - _____

14. Do you have any medical conditions which would affect your ability to minister? Yes No

If yes, please explain: _____

15. Have you (check all that apply): _____ Completed the membership class at Kingsway Church

_____ Received the Baptism in the Holy Spirit (Acts 2:4) _____ Been baptized in water (Matt 28:19)

16. Please list the churches that you have previously attended and any ministry that you were involved in:

Church Name	() Phone	Pastor	Ministry	Dates
_____	_____ - _____	_____	_____	_____
_____	_____ - _____	_____	_____	_____

Church Name	() Phone	Pastor	Ministry	Dates
_____	_____ - _____	_____	_____	_____

17. Do you use (check any that apply): _____ Tobacco _____ Alcoholic beverages _____ Recreational drugs

If you answered yes, please explain: _____

18. Are you currently or have you ever been under the care of a doctor or therapist in the past 10 years?

Yes No If yes, please explain: _____

19. Do you have any chronic medical conditions? _____ Yes _____ No If yes, please explain: _____

20. Are you currently on medication? _____ Yes _____ No If yes, please explain: _____

Please respond briefly to the following:

21. Describe how and when you came to know Jesus Christ as your personal Lord and Savior.

22. Why are you interested in participating in a short-term mission trip?

23. Why are you applying for this particular location?

Please read carefully before signing: The information contained in this application is correct to the best of my knowledge. I authorize any references or churches listed in this application to give Kingsway Church information regarding my character and fitness for ministry work, and I release all such references from liability for any damage that may result from furnishing such evaluations. In the case of sickness, damages, lost or stolen articles incurred during this trip I release Kingsway Church from all liability. I understand that the details on this form will remain confidential. Should my application be accepted, I agree to be bound by the teachings of Kingsway Church, submit to my team and host mission leadership, respect my team members, refrain from conduct deemed unscriptural by Kingsway Church, and understand that I go to serve and share the Gospel and love of Jesus Christ. ***I agree to attend all of the mission team meetings held for this trip by Kingsway Church and understand that non-attendance can nullify my chance to go.***

Applicant's Signature
(Application cannot be considered without a signature)

Date

Kingsway Church Guidelines for Mission Finances

1. Soliciting of Kingsway parishioners is not permitted, except for immediate family or close friends.
2. However, to assist mission trip members in the area of fundraising, church fundraisers will be considered as an option to help team members. If a fundraiser is approved by Kingsway leadership and organized by the team, any funds raised in this fashion will be divided equally among the team members who participate in the fundraiser. Keep in mind: the **Mission Scholarship Fund** offers a scholarship to every adult (\$100) and student (\$200) who applies and is accepted for his/her **FIRST** mission team.
3. You are responsible for all financial costs of a Kingsway-sponsored Mission Trip. All funds must be paid within time limits set up by the team leader. It is your responsibility to make payments on time and keep track of amounts paid. The team leader will collect the payments, but is not responsible for tracking these payments or amount remaining to be paid. All payments must be made prior to trip departure or you may forfeit your spot on the team and any funds paid to date.
4. All payments must be handed to the team leader. Payments should be placed in a tithe envelope with your name, address, envelope number, and with the amount specifically designated as name of trip (e.g. "El Salvador Trip.") **DO NOT PLACE PAYMENTS IN NORMAL TITHE OFFERINGS OR DO NOT INCLUDE TRIP PAYMENTS WITH YOUR NORMAL TITHE.**
5. You may write letters to people outside of Kingsway Church, requesting donations for your trip. These checks should be made payable to Kingsway Church and will be allocated for your trip expenses only. Any excesses will be donated to the Mission Trip and used for ministry purposes only. You may not delegate these funds to others or request funds back for any reason.
6. Please see the team leader if you have any financial hardships.

Other Trip Requirements

1. You shall not purchase or use any illegal drugs, alcohol or tobacco products including cigarettes, cigars, etc., even if your intent is to purchase gifts for others.
2. Kingsway's goal is that the team solidifies as a unit prior to departure. Toward that end, we request that you leave with the team from Kingsway and do not request to meet at the airport separately. We also require you to attend team meetings. Call the team leader in advance if you are not able to attend a meeting. You must attend the majority of meetings to go on the trip.

Signed: _____

Date: _____