



Mission Trip Application

(Please print dark and legible)

I do hereby make application to attend a Living Water Teaching mission trip to the country of _____ during the month of _____, _____.
(Husband and Wife please submit separate applications)

1. Legal Name: _____ Date of Birth: _____
2. Name you go by: _____ E-mail: _____
3. Mailing Address: _____
4. City: _____ State: _____ Zip: _____
5. Home Telephone: (____)-____-____ Work Telephone # (____)-____-____
6. Social Security #: _____ - _____ - _____ Sex: _____ Age: _____
7. Marital Status: _____ Current Occupation: _____
8. Dependent Children: _____ Citizen of what country? _____
9. If you are not a U.S. citizen, under what immigration statutes of permission are you in the U.S.? _____
When does your permission expire? _____
10. Do you have a valid, United States passport? _____
11. Passport # _____ Expiration Date: ____/____/____
12. Did the United States issue this passport to you? _____
13. If not, in which country did you attain your passport? _____
14. What special skills do you have? (Example: Carpentry, Secretarial) _____

15. What foreign language(s) do you speak? _____
How fluent are you in each? _____
16. Do you have any previous foreign mission experience? _____
If so, in what country (ies)? _____ When? _____
With what organization (if any)? _____
17. Are you a high school graduate? _____ How many years of college? _____
Type of degree? _____ Graduate School? _____
Type of trade school or apprenticeship? _____
18. Date of last physical exam? _____ Doctors name? _____
19. Do you now have or have any history of: (if yes, explain below)
____ Tuberculosis ____ Cancer, Type _____ ____ Typhoid Fever
____ Diabetes ____ Heart Trouble ____ Leukemia
____ High Blood ____ Mental Illness ____ Epilepsy
 Pressure ____ Blindness ____ Deafness
____ Low Blood ____ Surgery _____ ____ Syphilis
 Pressure
____ Do you have any health problems that could hinder you while on the trip?
Explanation(s): _____

General health for the past 2 years: _____ Excellent _____ Fair _____ Poor
20. Do you now use alcohol? _____, tobacco? _____, illegal drugs? _____
21. If so, how recently and to what degree? _____
22. Name of your church you now attend: _____
Address: _____
City: _____ State: _____ Zip: _____
Pastor's Name: _____ Telephone #: _____
How long have you attended this church? _____
23. When were you born again? _____ Spirit filled? _____
24. What Christian service have you done (Teaching Sunday school, Youth Work, Music Ministry, Usher, etc...) _____

25. Do you feel you are called to be a full-time missionary? _____