



# Skyline Community Church

Mailing Address:  
PO Box 363  
Amissville, Va 20106  
540-937-9843  
SkylineCommunityChurch.org

## Short Term Missions Application

Short Term Mission Destination: \_\_\_\_\_ Date(s): \_\_\_\_\_

**\*PLEASE PRINT CLEARLY\***

### Personal Information

Name: \_\_\_\_\_ Name you go by: \_\_\_\_\_  
( as it appears on your passport )

Home Address - Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Marital Status:  Single  Married  Male  Female

Spouse's name: \_\_\_\_\_

Do you have a passport?  Yes  No (may take 6 – 8 weeks to receive one)

If Yes, Passport Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

### Employment Information

Occupation: \_\_\_\_\_ Work phone: \_\_\_\_\_

Is it okay to call you at work?  Yes  No

Work hours: \_\_\_\_\_

### Church:

Name of church you attend regularly: \_\_\_\_\_

Location: \_\_\_\_\_ How long? \_\_\_\_\_ Member?:  Yes  No

Name of Pastor: \_\_\_\_\_ May we contact him?  Yes  No

Church phone: \_\_\_\_\_

Are you willing to forgo certain habits (smoking, drinking, etc.) while on this trip that may be offensive to other Christians? \_\_\_\_\_

**Emergency Contact Information**

Contact person: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Phone – Home: \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

**Beneficiary for travelers insurance:** \_\_\_\_\_**Travel**Have you traveled outside your home country before?  Yes  No

If, yes, where and when: \_\_\_\_\_

How do you feel you will adjust to a foreign culture? \_\_\_\_\_

\_\_\_\_\_

How will you finance your trip expenses? \_\_\_\_\_

\_\_\_\_\_

Do you prefer:  Aisle seat  Window seat**Medical History**

Indicate if you have had any of the following:

\_\_\_ Asthma \_\_\_ Nervous Breakdown \_\_\_ Leukemia \_\_\_ Excessive Fatigue

\_\_\_ Seizures \_\_\_ Rheumatic Fever \_\_\_ Tuberculosis \_\_\_ High Blood Pressure

\_\_\_ Hepatitis \_\_\_ Stomach Ulcers \_\_\_ Fainting Spells \_\_\_ STD

\_\_\_ Diabetes \_\_\_ Eating Disorder \_\_\_ Aids/HIV \_\_\_ Severe Headaches

\_\_\_ Cancer \_\_\_ Psychiatric History \_\_\_ Depression \_\_\_ Other: \_\_\_\_\_

**Medication** – Please list all medications ( *name and dosage* ) you are currently taking. None \_\_\_\_\_

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**Allergies** – Specify any allergies to medications reactions, foods, etc. and describe. None \_\_\_\_\_

\_\_\_\_\_

Diet – Explain any special dietary needs:  None

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Condition – Have you ever had any problem with tolerating the following?

\_\_\_ Rigorous Outdoor Activity    \_\_\_ High Altitudes    \_\_\_ High Humidity  
 \_\_\_ High Temperatures    \_\_\_ Low Temperatures    \_\_\_ Other \_\_\_\_\_

Temperament – Indicate which characteristics seem to apply to your temperament:

\_\_\_ Impulsive    \_\_\_ High Strung    \_\_\_ Moody    \_\_\_ Calm    \_\_\_ Easy-going  
 \_\_\_ Anxious    \_\_\_ Self-conscious    \_\_\_ Shy    \_\_\_ Aggressive    \_\_\_ Leader

Insurance Carrier - Name of your medical insurance carrier: \_\_\_\_\_  
 Does your insurance cover emergencies outside the U.S.?  Yes     No

### **Legal Waiver**

➤ I am aware that all positions are voluntary, without financial compensation. I agree to abide by all present and subsequent issued rules of Skyline Community Church, ( *known hereafter as SCC* ).

➤ I clearly understand that all expenses for this mission trip will be my responsibility. I further agree that SCC has the right to discontinue my ministry at any time at its sole discretion.

➤ I recognize that participation on a trip of this nature may be hazardous or dangerous. Therefore, I am, for myself, my heirs, executor, and/or administrator, releasing and forever discharging SCC and all of its officers, agents, servants, and employees, acting officially or otherwise, from any and all reason of injury, damage ( *including property damage to any of my belongings* ), loss or death which may occur from any cause including, but not limited to, any accident and/or occurrence while participating individually or with others while with this mission agency and/or on this mission trip.

➤ Contributions deposited with SCC from the participant or the participant's sponsors are non-refundable in the event that the applicant chooses not to participate in the program. The financial disbursement of these funds is at the discretion of SCC.

➤ I understand that upon receiving my traveler's insurance confirmation it is my responsibility to obtain, read and understand the complete policy, including what is covered and what is not covered.

I have read the above and understand my commitment to participate and my financial commitment.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature of Guardian (if under 18) \_\_\_\_\_ Date \_\_\_\_\_



**Ministry**

In what ways are you involved with your local church and other ministries?

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Please list any previous missions experience and include the ministry location and duration.

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Are you fluent/conversational in languages other than English?     Yes     No

If yes, which ones? \_\_\_\_\_

What types or areas of ministry interest you? (*construction projects, home visitation, working with children, working with adults, prayer walking, teaching, etc...*)

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**Authorization**

The information I have given Skyline Community Church is accurate and true to the best of my knowledge. I also give Skyline Community Church the right to use my picture, voice and/or testimony in any form of promotional advertising materials. My enclosed signature (*and signature of my parent/guardian if I am under the age of 18*) signifies authorization

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

Signature of Legal Guardian (*if under 18*) \_\_\_\_\_ Date: \_\_\_\_\_

**Comments/Questions ?**

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**PLEASE FILL OUT COMPLETELY****\*PLEASE PRINT CLEARLY\*****Personal Information**Name: \_\_\_\_\_ Name you go by: \_\_\_\_\_  
( as it appears on your passport )

Home Address - Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Marital Status:  Single  Married  Male  Female

Spouse's name (If applicable): \_\_\_\_\_

Do you have a passport?  Yes  No (may take 6 – 8 weeks to receive one)

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**Airplane Seating** (Will try to accommodate seating preferences but not guaranteed)Do you prefer:  Aisle seat  Window seat

I would like to sit beside: \_\_\_\_\_

**Prayer Partner***The contact information for your prayer partner must be filled out completely before this application will be accepted.*Name: \_\_\_\_\_ E-mail: \_\_\_\_\_  
(Required)

Phone: \_\_\_\_\_

**Emergency Contact Information**

Contact person: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

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**Beneficiary for travelers insurance:** \_\_\_\_\_