



## APPLICATION FORM

Please indicate the following:

Male

Female

Church & Denomination (if applicable):

### General Information

Please list your name as it **appears on your passport**.

If you do not yet have your passport, list your name as it appears on your birth certificate.

Surname:		Given Names:	
Address:	City:	State:	
Home Phone:	Mobile:	Zip:	
Other Phone:	Fax:	Email:	
Occupation:		Place & Date Passport Issued:	
Passport Number:	Date of Birth:	Passport Expiration Date:	

### Medical Information

Please answer these questions with as much accuracy as possible.

Your health (and maintaining it) is very important to us!

Blood Type:
List all medical conditions for which you have received medical care in the past 12 months:
List any allergies (including food allergies), breathing problems, and chronic conditions of which team leaders should be aware:
List any history of major illness or surgeries, as well as any prescription drugs (and generic names) that you are now taking:

**Global Projects**  
17136 Wildemere  
Detroit Michigan  
48221 USA

**Phone:**  
313-205-7300

**Email:**  
info@globalprojects.org

**Web:**  
www.globalprojects.org

Please make mention of anything else you feel may be important to your health when travelling:

**Directions:** All team members are required to fill out *individual* application forms. Please submit by email or by postal mail at the address identified.



## APPLICATION FORM

**Applicant Name:**

\_\_\_\_\_

### Personal Information

Please take the time to carefully consider the answers below.  
This will help us fit you with the best team!

**Have you previously participated in STM (Short Term Mission) Trips?**

Yes  No If yes, what was the longest trip in which you have participated? \_\_\_\_\_ days

**If Yes, briefly share the countries involved in and the type of mission trip (ex. Construction, Medical, VBS, Evangelism etc)**

**Briefly state the reason you would like to participate in a short-term mission trip with GPH3 and some of your key expectations concerning the trip:**

**List three of your "strengths" and three of your "weaknesses", and explain how each one could:**

- a. contribute to a successful team dynamic
- b. take away from a successful team dynamic

In accordance with the Standards of Excellence in short-term mission, GPH3 recognizes that the short-term mission trip starts well before the date of departure and does not end when one returns home. Therefore, as a part of the trip you as a team member, are expected to participate fully in the pre-field and on-field activities, the debriefing and post-field activities.

I understand that team members must be flexible, cooperative, and strive to maintain a positive attitude. I agree to cooperate at all times with the team leader concerning our trip - including daily assignments, food, lodging, and transportation. I agree to stay with the team from beginning to end (including debrief), to abstain from the use of alcohol and tobacco while on the mission trip, and to share my faith in an appropriate Christian manner. I understand that I am expected to participate in post-field activities.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date



## APPLICATION FORM

**Applicant Name:**

\_\_\_\_\_

### Skills & Training

Please take the time to carefully consider the answers below.  
This will help us fit you with the best team!

#### Do you have specialized training in any of the following?

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Medical Doctor   | <input type="checkbox"/> CPR Certified        | <input type="checkbox"/> Optometrist/Ophthalmologist |
| <input type="checkbox"/> Nurse            | <input type="checkbox"/> CPR Instructor       | <input type="checkbox"/> Counselor/Social Worker     |
| <input type="checkbox"/> Dentist          | <input type="checkbox"/> First Aid Certified  | <input type="checkbox"/> Physical Therapy            |
| <input type="checkbox"/> Dental Assistant | <input type="checkbox"/> First Aid Instructor | <input type="checkbox"/> Other _____                 |

**Do you sing?**  Solo  Praise & Worship Leader **Do you play an instrument?** \_\_\_\_\_

#### Do you have experience with any of the following:

- Public Speaking  Leading Bible Studies  Children's Ministry/Activity  Preaching  Evangelism

#### Do you have technology experience in the following areas:

- Technical Support  MS Office Software  Network/Servers  Web Development

#### Hobbies and Interests:

- |   |                                    |                                       |
|---|------------------------------------|---------------------------------------|
| <input type="checkbox"/> Sewing                     | <input type="checkbox"/> Crochet   | <input type="checkbox"/> Crafts       |
| <input type="checkbox"/> Drawing/Painting           | <input type="checkbox"/> Nutrition | <input type="checkbox"/> Music        |
| <input type="checkbox"/> Herbs/Gardening            | <input type="checkbox"/> Carpentry | <input type="checkbox"/> Sports       |
| <input type="checkbox"/> Mechanics/Sm.Engine Repair | <input type="checkbox"/> Wiring    | <input type="checkbox"/> Solar Energy |
| <input type="checkbox"/> _____                      | <input type="checkbox"/> _____     | <input type="checkbox"/> _____        |
| <input type="checkbox"/> _____                      | <input type="checkbox"/> _____     | <input type="checkbox"/> _____        |

#### Please provide the information of any other organizations you are involved with:

Name:

Website:

Phone:

Describe Your Involvement:

#### Describe any other interests that you feel may be useful in short-term missions:



## APPLICATION FORM

Applicant Name:

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### References

Global Projects requires every applicant to supply three references.  
Reference should know applicant for more than two years.

<b>Pastor:</b>	<b>Years Known:</b>
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<b>Address:</b>	<b>City:</b>	<b>State:</b>
<b>Home Phone:</b>	<b>Other Phone:</b>	<b>Zip:</b>
<b>Mobile:</b>	<b>Fax:</b>	<b>Email:</b>

**Describe why you selected this reference:**

<b>Reference #2:</b>	<b>Years Known:</b>
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<b>Address:</b>	<b>City:</b>	<b>State:</b>
<b>Home Phone:</b>	<b>Other Phone:</b>	<b>Zip:</b>
<b>Mobile:</b>	<b>Fax:</b>	<b>Email:</b>

**Describe why you selected this reference:**

<b>Reference #3:</b>	<b>Years Known:</b>
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<b>Address:</b>	<b>City:</b>	<b>State:</b>
<b>Home Phone:</b>	<b>Other Phone:</b>	<b>Zip:</b>
<b>Mobile:</b>	<b>Fax:</b>	<b>Email:</b>

**Describe why you selected this reference:**



## APPLICATION FORM

Applicant Name:

\_\_\_\_\_

### Emergency Contacts

In case of emergency the following individuals will be contacted.

<b>Emergency Contact #1:</b>		<b>Relationship to Applicant and Years Known:</b>	
<b>Address:</b>	<b>City:</b>	<b>State:</b>	
<b>Home Phone:</b>	<b>Other Phone:</b>	<b>Zip:</b>	
<b>Mobile:</b>	<b>Fax:</b>	<b>Email:</b>	
<b>Emergency Contact #2:</b>		<b>Relationship to Applicant and Years Known:</b>	
<b>Address:</b>	<b>City:</b>	<b>State:</b>	
<b>Home Phone:</b>	<b>Other Phone:</b>	<b>Zip:</b>	
<b>Mobile:</b>	<b>Fax:</b>	<b>Email:</b>	
<b>Emergency Contact #3:</b>		<b>Relationship to Applicant and Years Known:</b>	
<b>Address:</b>	<b>City:</b>	<b>State:</b>	
<b>Home Phone:</b>	<b>Other Phone:</b>	<b>Zip:</b>	
<b>Mobile:</b>	<b>Fax:</b>	<b>Email:</b>	

### Waiver

Please read this waiver CLOSELY.

In being accepted and allowed to participate in Global Projects activities associated with its programs and locations, I assume responsibility for my actions. I release Global Projects, its Trustees, Employees, Staff, Missionaries, and Agents from liability, loss, injury, or damage to my property or myself. Nothing contained herein shall excuse Global Projects, its employees, missionaries, or agents from responsibility to act with reasonable care for my safety or the safety of my property. I hereby release Global Projects, its Staff, Trustees, Employees, Missionaries, Agents, and Sponsors of this activity from responsibility and liability for any injury or illness that I may sustain during this activity.

In the event of an emergency, I hereby authorize an adult leader of this activity, as my agent, to consent on my behalf to medical treatment. In this regard, I consent to allow said adult to authorize medical, dental, or surgical diagnosis, X-ray examination, and treatment including surgery and hospital care for me if needed and if advised and supervised by a licensed physician, surgeon, or dentist. In the event of my death I understand that the country I am in may not allow my body to be shipped home. I understand that there is always an element of risk involved in travel and participating in religious work in other countries.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Legal Guardian (if applicant under 18)



## APPLICATION FORM

**Applicant Name:**

\_\_\_\_\_

### Insurance

In case of emergency the following individuals will be contacted.

Global Projects does not carry insurance coverage for participants on short-term missions assignments. Therefore, you will need to contact your insurance company and verify that your coverage is valid for travel within the country to which you are going. If you are not covered, it is your responsibility to purchase short-term coverage for the time that you are with Global Project. Proof of personal insurance coverage is required for participants.

Regardless of the type of insurance you have, you will often be required to pay for services at the time rendered and will then need to file a claim with your insurance company for reimbursement upon your return. Global Projects can provide you with the names of insurance companies that specifically provides insurance for short-term mission participants.

**Global Projects requires that you have medical insurance during the time of your short-term service.**

### Insurance Verification

This is to certify that \_\_\_\_\_ insurance company will

cover \_\_\_\_\_ while in the country of \_\_\_\_\_ during the dates

of \_\_\_\_\_ through \_\_\_\_\_.

Policy # \_\_\_\_\_

Emergency Claims telephone number:

In the US \_\_\_\_\_ When overseas \_\_\_\_\_

In the event of illness/injury, all claims will be filed against a policy with the above named company. I further understand that Global Projects does not provide insurance coverage for participants on short-term mission trips or training events.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or guardian signature is required if under 21; self-assigned if 21 or over.

### Trip Name

Please enter the name of the trip for which you are applying along with an explanation as to what prompted your interest in this trip.

**Trip Name:**

**Interest:**



**APPLICATION FORM**

**Applicant Name:**

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**Promotions**

I give my permission for Global Projects to use photos taken of me during my participation in Global Projects events for newsletters and mission trip information.

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Applicant's Signature

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Date

**Payment**

Please return this form by email or mail. Send your **\$200 deposit** to:

Global Project s  
 17136 Wildermere  
 Detroit MI  
 48221 USA

All participants are required to participate in the specialized Pre-Field Training for each trip. The cost of the Pre-Field Training, excluding transportation costs, is included in the total trip price. Transportation to the training site is the responsibility of the participant.

An email will be sent confirming your application along with the required Pre-Field Training dates for the trip that you are interested in.

**Office Use Only**

- Deposit
- Crafts
- Insurance Policy
- Pastor's Signature
- References Checked
- Passport
- Exp. Date
- 2 copies of Passport
- Photos for Visa
- Visa Application
- Application Reviewed \_\_\_\_\_
- Interviewed \_\_\_\_\_

**Trip Name and Dates:**