



Touching Lives Ministry
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Brookhaven, Pa. 19015
610-876-5646
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Short Term Mission Application

Mission Location and Dates: _____

Personal Information:

Name Last: _____ First: _____ Middle initial _____

Address _____

City: _____

State/Zip _____

Phone # Home _____ Cell _____ E-mail address _____

Date of birth _____ Age _____ Male _____ Female _____

Do you have a passport? _____ What country? _____ Passport # _____

Passport expiration date _____ Name as it appears on passport _____

Marital status *Single* _____ *Married* _____ *Separated* _____ *Divorced* _____ *Widowed* _____

Health Information: For your safety and the safety of the team it is important that you answer these questions honestly and include any health or activity limitations.

How would you describe your present health? *Excellent* ___ *Good* ___ *Average* ___ *Poor* ___

Please list any illness(es) or medical conditions you have had in the past five years.

Please describe any activity restrictions and/or special equipment you need to accompany you on the trip.

Please list any food and medication allergies you have.

Please describe any dietary restrictions or needs you have.

Please list any medications you are currently taking including prescription meds, over-the-counter meds, and vitamins/supplements. Please include dosages and number of times/day the meds are taken.

Do you have or have you ever had: Respiratory problems___ Heart condition___ Seizures___
Chronic headaches ___ Psychiatric care___ Dizziness___
Fainting episodes ___ High blood pressure___

If yes, please explain:

Personal Situations: Touching Lives Ministry is a Christian-based, Bible believing ministry.

In General, missionaries are held to a higher standard of behavior.

Because of this foundation this section of the application is very personal and the questions being asked may be uncomfortable for you. Our purpose is NOT to be accusatory in any way - "...for all have sinned and fallen short of the glory of God" (Romans 3:23), but rather to see if there are any 'life situations' you are currently involved in that, from a biblical and liability standpoint, may impact Touching Lives Ministry, your missions team members, or the people to whom you will be ministering. This information is completely confidential. Please do not hesitate to contact us if you would like to discuss this section privately. It is imperative that you answer these questions honestly and with integrity. Also, because of liability issues, there will be a mandatory criminal background check and/or child abuse clearance (\$10 each). Answering 'yes' to any of these questions does NOT automatically disqualify you from participation on a missions trip.

Do you have an addiction to cigarettes, drugs, alcohol, pornography or any other addiction; or has anyone ever suggested that you may have a problem with any of the above? ___

If yes, please explain.

Have you ever been arrested, convicted or pleaded guilty to a crime? ___ If yes, please explain.

Have you ever been accused, charged, alleged to have or have you ever committed any act of neglecting, abusing, molesting, or battering any child or adult? ___ If yes, please explain.

Have you ever been emotionally, physically, or sexually abused? ___

If yes, please explain including any counseling you have had. Have you found healing from the pain of your abuse?

Are you presently and intimately living with someone without being married to them? ___

Are you now or have you ever lived a homosexual lifestyle? ____

Missions experience:

Have you ever been on a short term mission? ____

If yes, please list the mission(s) with dates, locations, and mission organization.

What languages do you speak and are you fluent in them?

Why are you interested in this trip?

Please indicate areas of expertise (E) and areas of interest (I) as well.

medical work ____ drama ____ children's work ____ community/economic development ____
youth work ____ internet/technology help ____ painting ____ construction ____ electrical work ____
health related seminars ____ teaching ____ handcrafts ____ women's services ____
technical work ____ puppetry ____

Other explain:

Spiritual beliefs:

Do you profess Jesus Christ as your Savior and Lord? ____

If yes, please give a brief description of how and when you first believed.

If you do not profess Jesus Christ as your Savior and Lord please briefly describe your spiritual beliefs.

Worship (singing), devotions, and prayer will be a part of every team meeting and a daily routine while on the mission field. Every team member will be expected to be present for devotions. Do you have any objections to this?___ If yes, please explain.

Contact/Emergency Information:

Your physician's name: _____ Office number: _____

Insurance carrier: _____ Policy group no. _____

Who should we contact in case of emergency? _____

Telephone number: Home _____ Cell _____

Relationship to you: _____

Requirements for application:

1. Completed application form
2. Two copies of your current passport
3. Two recent passport pictures
4. Child abuse clearance (www.dpw.state.pa.us – then click “Find a Form”), or google “Child Abuse Clearance” for the state where you reside.
5. \$100 deposit, check written to: Touching Lives Missions