

# APPLICATION FOR MISSIONS

## Oak Pointe Church

Check trip(s) you are applying for:  Haiti  Ecuador  Lusaka, Zambia  
 Living Hope - June / August  
 China  Other

### Personal Information

*All information is strictly confidential*

Full Name (as appears on **Passport**) \_\_\_\_\_ Date: \_\_\_\_\_  Male  Female

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Shirt Size: \_\_\_\_\_

Email address: \_\_\_\_\_

Telephone (home): \_\_\_\_\_ (work): \_\_\_\_\_ (cell): \_\_\_\_\_

Date of birth: \_\_\_\_\_ Social Security # (only last four): \_\_\_\_\_

Citizenship: \_\_\_\_\_ Country of birth: \_\_\_\_\_

Passport number: \_\_\_\_\_ Date of issue/expiration date: \_\_\_\_\_ / \_\_\_\_\_

Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

Marital Status (please check one)

Single  Married  Separated  Engaged  Widowed  Annulled  Divorced  Remarried

Spouse's Name: \_\_\_\_\_

Names and Ages of Children: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

In case of emergency notify: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

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

Phone number: (home) \_\_\_\_\_ (work) \_\_\_\_\_ (E-mail) \_\_\_\_\_

## Personal Information (continued)

Have you ever been convicted of or pleaded guilty to a criminal offense that would include the sale or use of drugs, child abuse, alcohol consumption, or a crime involving actual or attempted sexual molestation of a child or sexual misconduct. *(this does not automatically disqualify you.)*  Yes  No

Explain if yes: \_\_\_\_\_

Do you have a current drivers license?  Yes  No DL # \_\_\_\_\_ Restrictions: \_\_\_\_\_

Is there anything that you feel we should know about your personal life that could affect you or the team?

Have you within the last 2 years been involved in any type of: Sexual Immorality, Repeated Pornography, Internet Sexuality? *(This does not automatically disqualify you.)*

## References

Please provide one pastoral and one co-worker reference (preferably, people who could speak to your: spiritual maturity, emotional maturity and social maturity)

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

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

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

Telephone Numbers (home) \_\_\_\_\_ (work) \_\_\_\_\_ (e-mail) \_\_\_\_\_

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

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

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

Telephone Numbers (home) \_\_\_\_\_ (work) \_\_\_\_\_ (e-mail) \_\_\_\_\_

# Experience

Please list any foreign language training and your level of proficiency:

Please indicate any special skill, talents, or Christian service experience that you feel may be helpful on this trip:

Please list personal missions experience:

Country	Mission Organization	Dates	Ministry Done
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

# Involvement

Do you attend Oak Pointe Church?     Yes    How Long? \_\_\_\_\_     No

Are you a member of Oak Pointe Church?     Yes    How Long? \_\_\_\_\_     No

What kind of church experience would you consider yourself currently to practice?

- Mainline Traditional Protestant (denomination \_\_\_\_\_)     Catholic     Pentecostal
- Charismatic     Evangelical     Non-Denominational-Independent     no church currently
- Other \_\_\_\_\_

What is the name of your church? \_\_\_\_\_

**(Please include time of involvement and any leadership positions held when answering the following):**

Please list the ministries with which you have been involved at your church.

Please list the ministries with which you have been involved outside of your church.

# Testimony

In the space provided below, please share how you came to know Jesus personally. Please include how long you have been a Christian, and describe your walk with the Lord at the present time.

Please describe what you think the Christian life should be like in terms of your experience with the Holy Spirit, the Bible and the Church.

Please explain briefly why you desire to go on this mission trip and what you hope to see the Lord do in and through you.

# Medical Information

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

Please state any medical treatment (including Psychiatric or Professional Counseling) you have had in the last five years.

\_\_\_\_\_

Are you presently under the care of a physician?  Yes    No   If yes, please explain:

Please list any medication you are taking:

Please list all adult immunizations you have had:

Other Medical Information:

1. Special medical needs (describe, include allergies)

2. Regular Physician, Dr. \_\_\_\_\_ Physician Phone # \_\_\_\_\_

3. Other emergency phone numbers:

Name: \_\_\_\_\_ # \_\_\_\_\_

Name: \_\_\_\_\_ # \_\_\_\_\_

Name: \_\_\_\_\_ # \_\_\_\_\_

Name: \_\_\_\_\_ # \_\_\_\_\_

4. Insurance Information:      Insurance Company: \_\_\_\_\_

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

# Oak Pointe Church

## Participation Agreement

I agree to release, discharge, and hold harmless Oak Pointe Church, its employees, agents and members from any and all claims or demands due to personal injury, illness, or death as well as any and all property damage sustained of any nature which may be incurred by me, whether in foreign or domestic territory, while participating in the above described event or activity. I also agree to be directed by and responsible to the designated church leadership for the project. Further, I agree to hold harmless and to indemnify Oak Pointe Church as well as its employees, agents, or members for any liability or expenses sustained by the Church as a result of my participation.

I hereby authorize the Church or its representative to initiate any medically necessary care on my behalf in the event of my incapability to present myself for such care and agree to be financially responsible to any care provider and authorize the release of any necessary medical or insurance related information pertinent to the circumstances.

**Please check the following and sign:**

1. **I will participate in each training meeting or make up the meeting I miss for possible unavoidable reasons.**  
 Yes  No
  
2. **I believe that through prayer and wise counsel, God has directed me to be a participant on the Mission Trip indicated. Therefore, I will be a person of faith as well as faithfulness, believing that as I am diligent to uphold the commitment I am making to this trip, God will be faithful in His to provide and prepare me for what He has for me.**  
 Yes  No
  
3. **I will communicate openly with all the leaders and will adhere to the instructions to the best of my ability without reproach.**  
 Yes  No
  
4. **I will (by faith!) meet all the financial obligations of this trip- regardless of support raising shortfalls.**  
 Yes  No
  
5. **The information on this form and attached forms is correct to the best of my knowledge. I authorize any References to release all such information to assist in evaluation. I release all references from liability for any damage that may result from furnishing such evaluations to Oak Pointe Church (OPC) and I waive any right that I may have to inspect references provided on my behalf. I hereby, give OPC, permission to contact my References and appropriate government agencies.**  
 Yes  No

**Your Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_