



Short Term Outreach Application

Name: _____ M/F: _____ Date: _____

Permanent Address

Street: _____

City: _____ State: _____ Zip: _____

Phone (home): _____ (work): _____

In case of emergency contact: _____

City: _____ State: _____ Zip: _____

Phone: _____

Personal Data

Birthday: _____ Age: _____ Marital Status: _____

Passport Data

Do you have a current passport?: _____ Passport number: _____

Expires: _____ Where was it issued: _____

Education/Experience/Employment

1. Have you ever traveled overseas? Where, when, and for how long?

2. What foreign languages have you studied and how well can you converse?

3. Are you presently enrolled in school? Where and what major?
4. What is your present occupation / full-time job?
5. Where do you work? For how long? Will there be any difficulty in getting time off for this trip?
6. Do you have any personal financial debts/liabilities that may hinder you from going on this trip?

Spiritual Background

Briefly state the date and circumstances of the following in your life:
(use more pages if needed)

1. Personal Salvation
2. Water Baptism and Baptism with the Holy Spirit
3. What church do you presently attend and how long have you been attending?
4. Are you a member of the church you are presently attending?
5. In what ministries are you currently serving at your Church?
6. What previous training in Christian ministries/service have you had?

Short Term Outreach Data

1. Why do you want to minister on this Short Term Outreach Team?

2. Serving Christ in a foreign environment requires that we live outside of our own cultural norms. Will you be able to lay aside expectations of American standards regarding personal conveniences, food, sleeping, time orientation, accommodations, travel, etc...? Yes _____ No _____ if no, please comment.

3. Are you willing to submit to the leadership and discipleship process of this Outreach team? Yes _____ No _____ if no, please comment.

4. Describe your personal devotions for the past 2 months.

5. What are your goals for personal and spiritual growth in the next 6 months? What are your personal goals for this outreach?

6. Are you considering full-time ministry? Are you considering full-time missionary service?

Skills Inventory

Please rate the degree of your skill in the following areas:

(1-experienced 2-interest with some experience 3-interested but no experience 4-no interest)

Communication Skills

- _____ Preaching
- _____ Teaching
- _____ Impromptu speaking before groups
- _____ Sharing your testimony
- _____ Group facilitating/leading discussions
- _____ Counseling
- _____ Writing

- _____ First Aid
- _____ Senior Life Saving
- _____ Nursing
- _____ Medical (specify) _____
- _____ Dental
- _____ Vision
- _____ Physical Therapy

Leadership Experience

- _____ Christian Education
- _____ Youth Groups
- _____ Bible Studies
- _____ Camp Counseling
- _____ Clubs, Fraternal organizations, etc...
- _____ Coaching/Recreation

Miscellaneous Skills

- _____ Computer
- _____ Office
- _____ Construction and repair (specify) _____
- _____ Mechanical (specify) _____
- _____ Painting
- _____ Photography
- _____ Videography
- _____ International Driver’s License. Can you drive a stick shift? _____
- _____ Cooking (large scale)

Music/Performing Arts

- _____ Leading songs
- _____ Leading Worship Services
- _____ Instrumental (specify) _____
- _____ Vocal
- _____ Drama/Pantomime
- _____ Dance/Movement Arts

Sports

- _____ Team Participation (specify) _____
- _____ Individual Sports (specify) _____

Medical

Health Form

(May require a doctor's release to travel overseas)

Name: _____

Birthdate: _____ Age: _____

1. When did you last have a complete physical exam? Year: _____
2. How would you appraise your present health? _____ Excellent _____ Good _____ Poor
3. Have you ever been treated for any major physical ailments? If so, please specify what and when:
4. Do you have any chronic or recurring health problem(s)? If so, please specify what and when:
5. Do you have a condition that requires a special diet? Please explain:
6. Do you have any of the following? (*please circle*): Allergies, Asthma, Diabetes, Stomach upsets, Heart condition, Frequent colds, Medication reaction, Other:
7. Are you currently under-going medical treatment or taking prescription medication? Please specify type and use:

Will you be taking this medicine on this trip? _____ Yes _____ No

8. Have you suffered from or received treatment for emotional or mental illness? If so, please explain:
9. In case of an emergency away from home, what doctor (knowledgeable about your health) should be contacted?

Doctor's Name: _____

Address: _____

Phone: _____

10. In case of emergency, I hereby authorize any necessary medical treatment by proper medical personnel in the country that I am visiting.

Signature: _____ Date: _____

(If under age 18, signature of parent or legal guardian: file at Local Church.)

Parent or legal guardian: _____ Date: _____

Personal References

Required for all team members below the age of 18. Requested for team members who are already serving in Christian ministries in their church.

Please list two personal references that will vouch for you:

Name: _____ Phone: _____
Pastor/Christian Worker/Employer/Teacher/Friend
(Please circle above relationship of personal reference)

Name: _____ Phone: _____
Pastor/Christian Worker/Employer/Teacher/Friend
(Please circle above relationship of personal reference)

PURE WORKS FOUNDATION
1466 Bellevue Ave, Suite 29, Burlingame, CA 94010-3921
Phone: 650-638-3610 Fax: 650-638-3636

AGREEMENT AND RELEASE OF LIABILITY - MISSION TRIPS - ADULTS

ACTIVITY: _____

DATE AND LOCATION OF ACTIVITY: _____

CONTACT PERSON: _____ PHONE: _____

I (print name) _____ wish to participate on a mission trip to a foreign country. I acknowledge that my participation includes many risks and possible dangers such as accidents, disease, war, political unrest, irregularity in schedule, injury from construction projects calamities, and all-inclusive to other although not listed herein.

I declare that I am physically fit and capable of taking part in such activity. I make this declaration on the basis of advice given me by my duly licensed medical doctor within the last 12 months, and I know of no change in my medical condition since receiving such advice, which would affect the opinion of such doctor.

In signing this form, I warrant and represent that I am eighteen years of age or older, and I indemnify and hold harmless, release and discharge the Pure Works Foundation, its constituent organizations, and its officers, agents and employees from any and all claims for personal injuries, property damage or wrongful death that I may suffer as a result of my participation in the activity described above, whether or not such injuries or damages are caused by the negligence (active or passive) of any of the entities or individual named or described above.

I agree to abide by the rules and regulations governing the above-described activity and to obey any instructions given by the person or persons having supervision and control over the activity.

I, hereby, authorize the making of photographs, motion pictures, videotapes, recordings or other memorializing of said event and my participation therein, and the publication or other use thereof. I, hereby, waive any right to compensation therefore or any right that I otherwise might have to limit or control such.

SIGNATURE _____ DATE _____

PRINT NAME _____

ADDRESS _____

TELEPHONE NUMBERS _____