

Trinity Center for World Mission

Mission Trip Application

We welcome your interest in going to Uganda with Trinity Center for World Mission! Please provide the information below, which we need to make your trip as fulfilling, efficient and safe as we can make it. Please submit this to your Team Leader, Pastor Pete Anderson, as an attachment to trinitycwm@gmail.com.

First Name: _____ Last Name: _____

Employer/School: _____

Mr. / Miss / Mrs. / Other: _____ Nationality: _____

1st foreign mission trip? Yes _____ No _____ Do you have a passport? Yes _____ No _____

Date of Birth: _____

Best Address: _____

City: _____ State: _____ Postal code: _____

Work Phone: _____ Work Extension: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Referred By: _____

Marital Status: _____ Spouse's Name: _____

Desired ministry activities, in order of preference: _____

Home Church: _____ Home Pastor: _____

Pastor's Telephone: _____ Pastor's Email: _____

Pastor's Mailing Address _____

Team Leader: _____

Expected Departure Date: _____ Return Date: _____

Closest major airport—departure: _____ Closest major airport – return: _____

Airline: _____ Flight number going: _____ Flight number returning: _____

Passport #: _____ Expiration date: _____ *(Please provide photocopy of page with photo.)*

Are you willing to work with Christians from a wide variety of other denominations? Yes _____ No _____

Why do you want to go to Uganda? _____

Are you willing to complete a brief post-trip evaluation form? Yes____ No_____

Are you willing to thank all known donors and give a report to them upon your return? Yes____ No_____

Please write out your testimony and include it with this application.

Is your family supportive of this trip? Yes____ No_____

Do you commit to raise the funds (~\$5000) for the trip? Yes____ No_____

Explain briefly how you would share the Gospel with someone who is lost:

What are your spiritual gifts?

Medical Information

In an emergency, contact:

Name: _____ Telephone Number: _____
Address: _____
City: _____ State: _____ Postal code: _____
Email: _____

If you have medical insurance valid for Africa:

Agent /Company Name: _____
Policy #: _____ Emergency claim phone #: _____

Blood type: _____ Medications taking now: _____

Allergies: _____

Other necessary medical information: _____

Is there any other information of which we should be aware? _____

