

Shalom Mission Team Application

Please return the completed application along with a recent photo of yourself and a \$30 application fee to:

Shalom Christian Missions, Inc.
1255 Mill Creek Rd
York, PA 17404

| Basic Information | | | | | |
|--|----------|-----------------|----------|---------|--|
| Full Name | | | | | |
| Name you go by | | | | | |
| Contact Information | | | | | |
| Complete Street Address: | | | | | |
| City: | | State: | | ZIP: | |
| Phone: | | Email: | | | |
| Details | | | | | |
| T-Shirt Size: | | Height: | | Weight: | |
| Date of Birth & Age: <small>You must be at least 13 years old by the start of the trip.</small> | | Marital Status: | | | |
| Parent / Guardian's Information (if you are under 18) | | | | | |
| Father / Guardian's Name: | | | Mother: | | |
| Address: | | | Address: | | |
| Phone: | | | Phone: | | |
| Spouse (If married) | | | | | |
| Name: | | | | | |
| Address: | | | | | |
| Phone: | | | | | |
| Travel Information | | | | | |
| Do you have a passport? | YES / NO | | | | |
| Is it valid 6 months after trip? | YES / NO | | | | |
| Education | | | | | |

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| Highest year of education completed | |
| List any post-High School institutions attended, as well as the dates and degrees attained | |
| Employment History | |
| Present Occupation | |
| Company/Organization Name | |
| Date Hired | |
| Contact & Phone | |
| List last three jobs (employer, position, dates) | |
| Job 2: | |
| Job 3: | |

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| Experience Summary | | | |
| List any cross-cultural mission experience you have had, including country, organization and dates: | | | |
| List the names of your leaders on your most recent mission trips. List contact email address if known | | | |
| Name: | | Email: | |
| Name: | | Email: | |
| Name: | | Email: | |
| List any other formal ministry experience you have had, including organization, responsibilities, and dates: | | | |
| List any other leadership positions you have held (which have not been previously listed), including organization, responsibilities, and dates: | | | |

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| Do you enjoy working with children? YES / NO | |
| Have you ever led or assisted with children's church? If yes, describe your role: | |
| Have you ever led worship? If yes, describe your role: | |
| Instruments you play: | |

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| Church Information If you do not have a church, you may skip this section | |
| Home Church name: | |
| Address: | |
| Phone: | |
| Head Pastor Name: | |
| Pastor Email: | |
| Youth Pastor Name: (if applicable) | |
| Youth Pastor Email: (if applicable) | |
| How long have you attended this church? | |
| Describe your Involvement: | |
| Health Information If you answer yes, please provide details | |
| Are you currently being treated for any sickness or injury? | |

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| <p>Are you on any medication for any reason?</p> | |
| <p>Are you allergic to any medication?</p> | |
| <p>Have you ever had an eating disorder?</p> | |
| <p>Are you required to be on a special diet?</p> | |
| <p>Do you sleep walk or have sleeping problems?</p> | |

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| <p>Do you get nervous or upset easily? YES / NO</p> | |
| <p>Have you ever had psychiatric care? YES / NO</p> | |
| <p>Do you have any physical disabilities that would keep you from participating in normal or rigorous activities? YES / NO</p> | |
| <p>Do you have or ever had a seizure disorder? YES / NO</p> | |
| <p>Do you have or have you ever had asthma or other breathing problems? YES / NO</p> | |

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| Do you have or have you ever had a heart murmur? YES / NO | |
| Do you have or have you ever had kidney disease? YES / NO | |
| Do you have or have you ever had diabetes? YES / NO | |
| Do you have any other medical problems we should be aware of? YES / NO | |

Self-Evaluation

On a scale of 1 to 10 (10 being best), please evaluate yourself in the following areas:

| | | | | | |
|-------------------------|--|-----------------------------------|--|------------------------|--|
| Relating to new people: | | Problem Solving: | | Organization/Planning: | |
| Confronting: | | Leadership: | | Receiving Correction: | |
| One-on-one Ministry: | | Finishing what you start: | | Submission to Leaders: | |
| Public/Group speaking: | | Listening: | | Encouraging: | |
| Trying new things: | | Taking Charge/ Giving Directions: | | | |

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| Describe three strengths, not necessarily from the list above: | |
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| Describe three weaknesses, not necessarily from the list above: | |
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Have been involved with any of the following within the past year?

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| Illegal Drugs: YES / NO | |
| Gang-related activities: YES / NO | |
| A cult or the occult: YES / NO | |
| If yes to any of the above, please explain: | |
| Have you ever ... | |
| ... been expelled from school: | YES / NO |
| ... served time in a detention center or jail: | YES / NO |
| ... been convicted of a crime: | YES / NO |
| If yes to any of the above, please explain: | |
| What skills do you have that you feel will be an asset as a participant in the SCM mission trip? Please list and explain: | |
| Testimony & Personal History | |
| How and when did you become a Christian? | |
| Describe how your life was changed: Please write a brief overview of your personal history | |

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| <p>(where you grew up, childhood experiences, and how these affect your life now):</p> <p>Explain how and why you feel God is calling you to be a part of the Shalom Mission trip team. Include how you believe the trip will be a benefit to you and your walk with God, your goals for the mission trip, and how you feel you will be a benefit to the team:</p> | |
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Trip Preferences

List your trip preferences (1st, 2nd, 3rd, etc.)

| Trip # | Dates | Duration | Your Preference | Comments |
|---------|------------------|----------|-----------------|----------|
| Trip #1 | Winter (Jan/Feb) | 2 weeks | | |
| Trip #2 | Winter (Jan/Feb) | 1 month | | |
| Trip #3 | Summer (Jul/Aug) | 2 weeks | | |
| Trip #4 | Summer (Jul/Aug) | 1 month | | |

Notices

Applications will only be processed once we receive:

1. Completed application form (this document).
2. \$30 **non-refundable** application fee.

Mail to: Shalom Christian Missions, 1255 Mill Creek Rd, York, PA 17404

Make checks payable to: Shalom Christian Missions.

3. Recent photo of yourself
4. Three reference forms.

You are required to have reference forms completed by three of the following: your pastor, youth pastor, teacher, employer, and/or other person in leadership above you.

NOTE: One of the references must be from your pastor.

Reference forms must be completed **and sent directly to us by the person filling out your reference form.** If you were part of an SCM mission trip last year you will not need references this year.

Costs*

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| Winter 2 week trip | \$1,800 + airfare* |
| Winter 1 month trip | \$2,200 + airfare* |
| Summer 2 week trip | \$1,800 + airfare* |
| Summer 1 month trip | \$2,200 + airfare* |
| Your application fee and your first \$300 down on the trip will secure your placement on the trip. Unfortunately, airfare is according to the going rate at the time of ticketing. The earlier we can purchase your ticket, the better price we can get. First ticketing will take place in December/January or Sept | |
| * Prices are subject to change due to unforeseen increase in costs for air or ground transportation, food, etc. | |
| Disclaimers | |
| We reserve the right to accept or decline any applicants to a mission team. | |
| We reserve the right to cancel any trip due to lack of interest, unforeseen circumstances, safety concerns, or any other reason. Another trip will be recommended for the applicant and donations will apply to the different trip. | |
| All trip donations are non-refundable, but will be transferable to another trip for up to 2 years. Once air fare has been purchased we cannot transfer the amount for the airfare. | |
| Apply early to give yourself time to meet the trip deadlines. | |
| If another application is needed, please visit our website. | |

My Signature (and, if I am under 18, the signature of my parent/legal guardian) signifies that the information I have given is accurate and true to the best of my knowledge:

Applicant's Signature: _____ Date: _____

Parent/Legal Guardian Signature: _____ Date: _____

(If under 18)