

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
Personal Information

Basic Information					
Full Name					
Name you go by					
Contact Information					
Complete Street Address:					
City:		State:		ZIP:	
Phone:		Email:			
Details					
		Height:		Weight:	
Date of Birth:		Age:		NOTE: You must be at least 13 years old by the start of the trip.	
Marital Status:		T-Shirt Size:			
Father / Guardian's Information (if you are under 18)					
Father / Guardian's Name:					
Address:					
Phone:					
Mother / Guardian's Information (if you are under 18)					
Mother / Guardian's Name:					
Address:					
Phone:					
Travel Information					
Do you have a passport?		YES		NO	
Closest airport to your address? List any you can fly out of:					
Education					
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:					

Experience Summary

List any cross-cultural mission experience you have had, including country, organization and dates:

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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:

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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:

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Have you ever led worship? If yes, describe your role:

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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?

Are you on any medication for any reason?

Are you allergic to any medication?

Have you ever had an eating disorder?

Are you required to be on a special diet?

Do you sleep walk or have sleeping problems?

Health Information (continued)	
Do you get nervous or upset easily? YES NO	
Have you ever had psychiatric care? YES NO	
Do you have any physical disabilities that would keep you from participating in normal or rigorous activities? YES NO	
Do you have or ever had in a seizure disorder? YES NO	
Do you have or have you ever had asthma or other breathing problems? YES NO	
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:			

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?

Tobacco:	YES	NO
Alcohol:	YES	NO
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:	
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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:	
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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 (where you grew up, childhood experiences, and how these affect your life now):

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:

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*

Winter 2 week trip	\$1,500 + airfare*
Winter 1 month trip	\$2,000 + airfare*
Summer 2 week trip	\$1,500 + airfare*
Summer 1 month trip	\$2,000 + 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 will can purchase your ticket, the better price we can get. First ticketing will take place in December/January.

* 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: _____