

# Greater Living Ministries

Mailing Address:  
PO Box 310  
Remington, VA 22734  
540-661-7567  
GreaterLiving.org

## **Short Term Missions Application**

Short Term Mission Destination: \_\_\_\_\_ Date(s): \_\_\_\_\_

**\*PLEASE PRINT CLEARLY\***

### **Personal Information**

Name: \_\_\_\_\_ Name you go by: \_\_\_\_\_  
*(As it appears on your passport)*

Home Address - Street: \_\_\_\_\_

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

Home Ph. #: \_\_\_\_\_ Cell Ph. #: \_\_\_\_\_ Texts? \_\_\_\_\_

E-mail: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Marital Status:  Single  Married  Male  Female

Spouse's name: \_\_\_\_\_

Do you have a passport?  Yes  No (may take 6 – 8 weeks to receive one)

If Yes, Passport Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

### **Emergency Contact Information**

Contact person: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Phone – Home: \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

**Beneficiary for travelers insurance:** \_\_\_\_\_

**Employment Information**

Occupation: \_\_\_\_\_ Work phone: \_\_\_\_\_

Is it okay to call you at work?  Yes  No

Work hours: \_\_\_\_\_

**Church:**

Name of church you attend regularly: \_\_\_\_\_

Location: \_\_\_\_\_ How long? \_\_\_\_\_ Member?:  Yes  No

Name of Pastor: \_\_\_\_\_ May we contact him?  Yes  No

Church phone: \_\_\_\_\_

**Travel**

Have you traveled outside your home country before?  Yes  No

If, yes, where and when: \_\_\_\_\_

Are you fluent or conversational in languages other than English?  Yes  No

If yes, which ones? \_\_\_\_\_

**Medical History**

Do you have any medical conditions that would affect you on this mission trip?

Yes \_\_\_ No \_\_\_ If yes please list them:

\_\_\_\_\_

\_\_\_\_\_

**Medication** – Please list all medications (name *and dosage*) you are currently taking.

None \_\_\_\_\_

\_\_\_\_\_

**Allergies** – Specify any allergies to medications, foods, etc.... and describe:

None \_\_\_\_\_

\_\_\_\_\_

**Diet** – List any special dietary needs:  None

\_\_\_\_\_

\_\_\_\_\_

**Insurance Carrier** - Name of your medical insurance carrier: \_\_\_\_\_

Does your insurance cover emergencies outside the U.S.?  Yes  No



**Ministry**

In what ways are you involved with your local church and/or other ministries?

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Please list any previous missions experience and include the ministry location and duration.

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What types or areas of ministry interest you? (*Construction projects, home visitation, working with children, working with adults, prayer walking, teaching, etc...*)

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**Comments/Questions ?**

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**Authorization & Certification**

- I am aware that all positions are voluntary, without financial compensation. I agree to abide by all written and stated rules of Greater Living Ministries, (known *hereafter as GLM*).
- I clearly understand that all expenses for this mission trip will be my responsibility. I further agree that GLM has the right to discontinue my ministry at any time at its sole discretion.
- I recognize that participation on a trip of this nature may be hazardous or dangerous. Therefore, I am, for myself, my heirs, executor, and/or administrator, releasing and forever discharging GLM and all of its officers, agents, servants, and employees, acting officially or otherwise, from any and all reason of injury, damage ( *including property damage to any of my belongings* ), loss or death which may occur from any cause including, but not limited to, any accident and/or occurrence while participating individually or with others while with this mission agency and/or on this mission trip.
- Contributions deposited with GLM from the participant or the participant’s sponsors are non-refundable in the event that the applicant chooses not to participate in the program. The financial disbursement of these funds is at the discretion of GLM.
- I give Greater Living Ministries the right to use my picture, voice and/or testimony for the purpose of GLM promotional advertising

**I do hereby certify that:**

- I have read and understand the information on this application.
- I understand my financial responsibility and my commitment for involvement in this mission trip.
- The information I have given Greater Living Ministries on this application is accurate and true to the best of my knowledge.

Applicant’s  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**The signatures of both parents and/or legal guardian(s) are required for applicants under 18 years of age. I do hereby certify that I am the parent or legal guardian of the minor listed on this application, have read and understand the information on this application, and give my permission for his/her participation in this mission trip.**

\_\_\_\_\_  
Signature of Parent/Legal Guardian (*if under 18*) Date

\_\_\_\_\_  
Signature of Parent/Legal Guardian (*if under 18*) Date