



Southwest Christian High School  
Mission Trip Application: Adult  
Gulf Coast Relief Trip 3/24-31/2018

**A) Basic Information**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Email: \_\_\_\_\_ Gender: M F

Home Church: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

City: \_\_\_\_\_ State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**B) Emergency Contact** Primary Emergency Contact:

Name: \_\_\_\_\_

Email(s): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Secondary Emergency Contact:

Name: \_\_\_\_\_

Email(s): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**C) Background Information**

Employer: \_\_\_\_\_

Position: \_\_\_\_\_ Marital Status: S M W D

Spouse's Name: \_\_\_\_\_

Spouse's Email: \_\_\_\_\_ Spouse's Cell Phone \_\_\_\_\_

**D) Church Background**

1) Are you a member of the church listed in A) above, and if so, then for how long?

\_\_\_\_\_

2) If not a member, where do you attend church? How long have you attended it?

\_\_\_\_\_

\_\_\_\_\_

3) In which church classes or small groups do you/have you participated?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4) What ways are you currently serving, or have you served, in the church or community and for how long?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**E) Travel**

1) Please describe any special skills, talents, spiritual gifts, or service experience that you feel may be helpful on this mission trip (music, teaching, first aid, construction, etc.):

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2) List all previous mission trip or cross-cultural experience:

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**F) Spiritual**

1) Briefly share your personal testimony of faith.

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2) Briefly describe your patterns of personal devotion & discipleship.

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3) What has God been teaching you this past year?

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4) Why do you want to go on this mission trip and how has God been leading you in this direction?

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5) What do your family members and friends think about your intentions to join this trip?

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6) Please list any concerns you have about joining this trip?

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7) In your opinion, what are your areas of character strength and areas needing to be improved?

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8) Briefly explain what you hope to see the Lord do in and through you on this mission trip.

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**G) Medical**

1) Do you have any physical conditions or allergies your team leader should be aware of and/or which might affect you or the team on this trip?

yes       no

2) If yes, please specify:

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3) Vaccinations / immunizations may be required for this trip. Will you meet with your medical provider to counsel regarding appropriate vaccinations / immunizations for this trip, and comply with their recommendations?

yes       no

5) Do you currently have medical insurance? If so, please list policy name, number and group number.

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**H) References**

Please list the names and email addresses of 2 references who know you well and can comment upon your spiritual walk and service. (References from family members \_\_\_ are \_\_\_ are not allowed)

Reference 1

Name \_\_\_\_\_

Email \_\_\_\_\_

Relationship \_\_\_\_\_

Reference 2

Name \_\_\_\_\_

Email \_\_\_\_\_

Relationship \_\_\_\_\_

**I) Miscellaneous**

Are you willing to be involved in fundraising for this trip? (If so, please specify: send support letters, participate in group fundraisers, etc.)

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T-shirt size

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Please list any questions or comments you have related to this application or mission trip:

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Please submit your completed application by November 6, 2017 to:

**Ann Broscoff**

*Director of Student Services*

SOUTHWEST CHRISTIAN HIGH SCHOOL

P: 952-556-0040 | F: 952-556-5567

[a\\_broscoff@swchs.org](mailto:a_broscoff@swchs.org) | [www.swchs.org](http://www.swchs.org)

Thank you!