



Southwest Christian High School
Mission Trip Application: Student
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 Contacts Parent's Contact Information:

Mother's Name: _____

Email(s): _____ Home Phone: _____

Cell Phone: _____ Work Phone: _____

Father's Name: _____

Email(s): _____ Home Phone: _____

Cell Phone: _____ Work Phone: _____

C) Church Background

1) How long have you attended the church you listed in A) above?

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

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

D) 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.):

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

E) Spiritual

1) Briefly share your personal testimony of faith.

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

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

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

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

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

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

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

F) 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:

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

4) Please list company name, member number and group number of your health insurance policy:

G) Reference

Please list the name and email address your church's Youth Director or Pastor (whomever knows you the best.

Name _____

Email _____

H) Miscellaneous

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

T-shirt size

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

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 | www.swchs.org

Thank you!