



APPLICATION TO JOIN  
A SHORT TERM MISSION TEAM

Please return to Rachel Loy by scanning and emailing to [Rachel.Loy@teachtotransform.org](mailto:Rachel.Loy@teachtotransform.org) or by faxing to 859-908-2888.

**About Me**

Full Name (exactly as it appears on passport): \_\_\_\_\_

Address, City, State, Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth (month/day/year): \_\_\_\_\_ Employer: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Gender: \_\_\_\_\_

Passport Number: \_\_\_\_\_ Passport Expiration (month/day/year): \_\_\_\_\_

Do you have a criminal record? \_\_\_\_\_

**About This Mission Trip**

Application for the mission team to: \_\_\_\_\_

Previous short-term mission experience: \_\_\_\_\_

List any special abilities or skills that would be helpful to this mission (e.g. medical, farming, language, music):  
\_\_\_\_\_  
\_\_\_\_\_

If accepted, do you have any concerns regarding being part of the team or nature of the mission? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Spiritual Life**

Describe your present relationship with Jesus: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Where do you attend church? \_\_\_\_\_

Explain why you want to participate in this mission: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Medical Information**

Describe your general health condition. Be sure to include any specific medical conditions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List the medications (especially prescriptions) that you take (generic name, strength, and frequency of dosage): \_\_\_\_\_  
\_\_\_\_\_

Known Allergies: \_\_\_\_\_

Personal Physician's Name and Phone Number: \_\_\_\_\_

Do you have any concerns regarding your health and traveling in a third world country? \_\_\_\_\_  
\_\_\_\_\_

Name of Insurance Provider: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Blood Type: \_\_\_\_\_

**Finances**

Are you willing to take responsibility for raising the necessary funds for the trip? \_\_\_\_\_

Do you need some ideas on how to raise support? \_\_\_\_\_

**Emergency Contact**

In the event of an emergency, whom should we notify? \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**References**

If this is your first short term mission trip with TTT, list two individuals who are willing to provide a character reference (no family members).

Name: \_\_\_\_\_ Phone/Email: \_\_\_\_\_

Name: \_\_\_\_\_ Phone/Email: \_\_\_\_\_