

# KENYA 2025 SHORT TERM MISSION TRIP

## General Information

Name (Full name, as it is on passport if you already have one):

Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business/CellPhone: \_\_\_\_\_

Male/Female: \_\_\_\_\_

Marital Status: Single \_\_\_\_\_ Married \_\_\_\_\_ Occupation \_\_\_\_\_

## Travel Information

Passport Number: \_\_\_\_\_ Nationality: \_\_\_\_\_

Date of issue: \_\_\_\_\_ Date of expiration: \_\_\_\_\_

Place of birth: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Family members traveling together: \_\_\_\_\_

## Field Ministry

Have you previously participated in a short-term missionary trip? \_\_\_\_\_

Where and when? \_\_\_\_\_

Were you involved in personal evangelism? \_\_\_\_\_

Do you desire to preach (men only) or teach (men/women)? \_\_\_\_\_

Would you like to be a part of the worship team (singing)? \_\_\_\_\_

Would you do special music during a crusade? \_\_\_\_\_

Please share any special skills or abilities you would like to use during our time of ministry? (i.e: Guitar, children's ministry, puppets, etc.) \_\_\_\_\_  
\_\_\_\_\_

What ministry involvement and/or training have you had in the church? \_\_\_\_\_

---

What are you praying that God will do in and through you on this mission trip? \_\_\_\_\_

---

### **Health and Emergency Information**

Emergency contact: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Do you have any particular health problems (describe)? \_\_\_\_\_

---

Are you on any long term medication (please list)? \_\_\_\_\_

---

List any chronic diseases or allergies you have: \_\_\_\_\_

Have you experienced motion sickness or claustrophobia (describe)? \_\_\_\_\_

---

*Please consult your physician if you have a chronic condition that might make participation in this mission trip inadvisable. A written clearance may be required.*

### **Selection Committee Endorsement**

*To be completed by the selection committee.*

Interviewed by: \_\_\_\_\_ Recommendation (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_

Interviewed by: \_\_\_\_\_ Recommendation (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_

Interviewed by: \_\_\_\_\_ Recommendation (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_

