

Master's Heart Ministries

(A non-profit, 501c3, ministry)

APPLICATION FORM FOR SHORT TERM MISSION TRIP INVOLVEMENT

Please **print** all answers and **attach a copy of your passport photo page to this application.**

SECTION A: Must be filled in by all applicants

FULL NAME (as it appears on your passport): _____

CURRENT ADDRESS: _____

TELEPHONE NUMBER(S): _____

EMAIL ADDRESS: _____

DETAIL OF TRIP APPLIED FOR (dates if known, area / country, summary of expected activity): _____

DESCRIBE BRIEFLY HOW YOU BELIEVE YOU WILL BE OF BENEFIT TO THE OUTCOME OF THIS TRIP: _____

DESCRIBE BRIEFLY WHAT YOUR PERSONAL EXPECTATIONS OF BEING ON THIS TRIP ARE: _____

SECTION B

TELL US HOW YOU CAME TO MEET JESUS CHRIST: _____

SECTION C

LIST ANY CURRENT MEDICAL CONDITIONS FOR WHICH YOU ARE CURRENTLY RECEIVING TREATMENT OR BEING MEDICATED:

SECTION D

HAVE THE ATTACHED **REFERENCE FORMS MADE OUT BY AT LEAST TWO REFERENCES** (PREFERABLY PASTORS / CHURCH ELDERS)
ENSURE THAT THESE FORMS MAILED BY THE REFERENCE DIRECTLY TO:
Master's Heart Ministries, PO Box 659, West Fargo, ND 58078

SECTION E

PLEASE SIGN YOUR COMMITMENT TO THE FOLLOWING STATEMENT:
“I hereby agreement to comply with all training and preparation requirements for this trip and also to following all policy and rules defined by Master’s Heart Ministries leadership (or their appointee) during the time away”

Signed: _____

Date: _____

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REFERENCE FORM FOR SHORT TERM MISSION TRIP INVOLVEMENT

NAME OF TRIP APPLICANT: _____

NAME OF REFEREE: _____

Thank you for being prepared to be a reference for the above applicant. Please answer the following questions and mail this form directly to: Master's Heart Ministries, PO Box 659, West Fargo, ND 58078

WHAT IS YOUR CONNECTION WITH THE APPLICANT: _____

HOW LONG HAVE YOU KNOWN THE APPLICANT: _____

HAVING HEARD FROM THE APPLICANT WHAT THE NATURE OF THIS SHORT TERM MISSION IS, WHY WOULD YOU RECOMMEND THEM FOR THIS VENTURE? IF YOU FEEL HESITANT ABOUT RECOMMENDING THEM PLEASE INDICATE HERE:

PLEASE DESCRIBE WHAT YOU KNOW ABOUT THE APPLICANT'S RELATIONSHIP WITH JESUS CHRIST:

Signed: _____

Date: _____