

AFRICA INTERNATIONAL CHRISTIAN MISSION, INC.
Short-Term Mission Application Form

INSTRUCTIONS:

1. Complete the Application Form.
2. Attach a recent photo to the application form along with a photo-quality copy of your passport
3. Submit your Application to AICM on or before the deposit deadline. You can email or fax your application to us and mail the required documents without delay
4. Attached a deposit of \$50 to the Application Form (make checks payable to AICM/Mission Trip).

PLEASE NOTE:

APPLICATIONS WILL NOT BE ACCEPTED WITHOUT A PHOTO AND DEPOSIT!

ACCEPTANCE. Once we have received and reviewed your application, we will contact you regarding your acceptance to the team. Africa International Christian Mission has the right to refuse acceptance of any team member and will discuss with you any reasons for that refusal. Deposits will be refunded to those who are not accepted to a team. However, no refund of deposit to any team member who may change his or her mind to travel with the team.

SPONSORSHIP: Everyone accepted to the team or to go alone will be responsible to raise the needed support for the trip.

I WISH TO BE PART OF THE SHORT – TERM MISSIONTRIP TEAM GOING TO LIBERIA, WEST AFRICA.

GENERAL INFORMATION: (Please print)

Name (as printed on birth certificate or passport) _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____ Cell/Beeper _____

Age _____ Male or Female? _____ Nickname _____

Citizen of what country? _____ Do you have a valid passport? _____

Passport # _____ Expiration date of passport _____

Date of Birth _____ Marital Status _____

For those of you who do not have a passport now, you must apply for it and send us the information later. Visa may be necessary for some countries.

SPIRITUAL INFORMATION:

1. What is the name of your home church? _____

Address _____

Name of your pastor _____ Phone _____

Email Address _____

2. Have you participated in any Mission Trip? () Yes, () No. If yes

a. When? _____

b. Where _____

c. Name of group or church _____

d. Name of group leader _____ Phone# _____ Email _____

3. What ministries are you involved with at your church? _____

4. Do you serve in any volunteer/leadership role in any ministry or outside the church? If yes, please explain _____

5. what do you think your gifts are? _____

6. Please give two references who know you and your spiritual walk (name and phone#). _____

7. Describe how and when you came to know the Lord: _____

_____ (use separate sheet if possible).

8. Have you been water baptized? _____

If yes, where and when? _____

9. Please explain briefly why you want to participate in this mission trip: _____

WORK EXPERIENCE/TALENTS:

1. Please list any specific talents that you have (drama, singing, instruments, puppets, construction, medical, teaching, etc.) _____

2. Where are you employed? _____
Position? _____
How long? _____

3. Do you speak any foreign languages fluently? _____

4. What do you see as your strongest character quality and why? _____

5. What do you see as your weakest character quality and why? _____

HEALTH INFORMATION:

1. Do you have or have you ever had:

- Fainting Spells Heart Problems Diabetes Seizures
- Eating Disorder Respirator problems Frequent and/ or severe headaches
- Nervous Breakdown Mental Problems Asthma Allergies
- Hearing Difficulties High/Low blood pressure Breathing Problems
- Digestion Problems Back or neck Problems Others _____

If yes, please explain: _____

2. Do you have any condition which might affect your ability to fully function as a Missionary on this trip (i.e., fear of flying, depression, anxiety, sleeping disorders)? _____
3. Do you have any chronic illnesses or allergies? Yes No. _____
4. Are you presently under medication prescribed by a doctor? _____
5. Have you ever had any psychiatric care or treatment? _____
6. Does your health insurance cover you overseas? _____
7. How would you describe your health and fitness? Excellent Good Average Needs work.

PERSONAL INFORMATION:

1. What are your personal expectations for this? _____

2. If you are in a dating/engaged relationship with someone, is this person applying to serve on the same mission team? _____
3. How does your family feel about you going on this trip? _____

4. Have you been involved with any of the following within the past year?
 Alcohol? Yes No Illegal Drugs? Yes No
 Tobacco? Yes No A Cult or the Occult Yes No
 Criminal Activity Yes No
5. Have you been convicted of committing a crime? Yes No
 If yes, please explain: _____

6. What are the most significant events that have occurred in your life in the past two years? _____

7. EMERGENCY NUMBERS:

Name _____ Relationship to you _____
Address _____

Phone #: Day _____ Night _____

Name _____ Relationship to you _____
Address _____

Phone#: Day _____ Night _____

Africa International Christian Mission requires strict compliance with rules and regulations, including the rules concerning conduct, dress, and Christian lifestyle. These are explained in the Team Covenant, which will be provided to accepted team members. Team members, leaders, and staff serve at their own risk, and AICM is not liable in the event of sickness, accident, death, or terrorist acts or for transportation and any other expense beyond normal involvement. We require all participants to be in good physical condition, and we may require a doctor's reference and exam.

I have read and understand the above information. The information I have given AICM is accurate and true to the best of my knowledge. My signature signifies my approval of all limitations listed above.

Signature of Applicant: _____ Date: _____

FOR AICM USE ONLY

Date received _____

Decision regarding the application: () Accepted () denied

Total cost for the trip: \$ _____

Comment: _____

