

Shalom Mission Team Application

Please return the completed application along with a recent photo of yourself

And \$30 application fee, to:

Shalom Christian Missions, Inc.

1255 Mill Creek Rd

York, PA 17404

Personal Information

Full Name _____

Male Female (circle one) Name you go by _____

Complete Mailing Address: _____

Home Phone: _____ Email: _____

Social Security No.: _____ Date of Birth _____ Age: _____

Height: _____ Weight: _____ Marital Status: _____

Father/Guardian's Full Name (if under 18): _____

Address: _____ Phone: _____

Mother/Guardian's Full Name (if under 18): _____

Address: _____ Phone: _____

Spouse name (if married) _____

Address _____

Names and number of children _____

Do you have a passport? _____ If yes, list passport number: _____

T-shirt size: _____

What is your closest airport (s)? Please list any and all you can fly out of:

Education

Highest year of education completed: _____

List any post-High School institutions attended, as well as the dates and degrees attained:

Employment History

Present Occupation: _____

Company/Organization: _____

Date Hired: _____ Contact & Phone: _____

List Last Three Jobs (employer, position/duties, dates):

Experience Summary

List any cross-cultural mission experience you have had, including country, organization and dates:

Please list the names of your leaders on your most recent mission trips. List contact email address if known:

List any other formal ministry experience you have had, including organization, responsibilities, and dates:

List any other leadership positions you have held (which have not been previously listed), including organization, responsibilities, and dates.

Do you enjoy working with children?

Have you ever lead or assisted with children's church?

If yes, describe your role:

Have you ever lead worship?

If yes, describe your role:

Instruments you play:

Church Information

Home church name, address, phone:

Senior pastor:

Youth pastor (if applicable):

How long have you attended?

Describe your involvement:

Health Information (circle yes or no, if yes provide explanation)

Are you currently being treated for any sickness or injury? Yes No

Are you on any medication for any reason? Yes No

Are you allergic to any medication? Yes No

Do you have any other allergies? Yes No

Have you ever had an eating disorder? Yes No

Are you required to be on a special diet? Yes No

Do you sleep walk or have sleeping problems? Yes No

Do you get nervous or upset easily? Yes No

Have you ever had psychiatric care? Yes No

Have you ever been treated for depression? Yes No

Do you have any physical disabilities that would keep you from participating in normal or rigorous activities? Yes No

Do you have or have you ever had a seizure disorder? Yes No

Do you have or have you ever had asthma or other breathing problems? Yes No

Do you have or have you ever had a heart murmur? Yes No

Do you have or have you ever had kidney disease? Yes No

Do you have or have you ever had diabetes? Yes No

Are you currently on any medication? Yes No

Do you have any other medical problems or conditions that we should be aware of? Yes No

Self Evaluation

On a scale of 1-10, 10 being the highest, please evaluate yourself in the following areas:

- | | |
|------------------------------|---------------------------------------|
| Relating to new people _____ | Finishing what you start _____ |
| Problem solving _____ | Submission to leaders _____ |
| Organization/planning _____ | Public/group speaking _____ |
| Confronting _____ | Listening _____ |
| Leadership _____ | Encouraging _____ |
| Receiving correction _____ | Trying new things _____ |
| One-on-one ministry _____ | Taking charge/giving directions _____ |

Describe three strengths; not necessarily from the list above:

Describe three weaknesses; not necessarily from the list above:

What skills do you have that you feel will be an asset as a participant in the Shalom mission trip? Please list and explain: (use back if needed)

Have you been involved with any of the following within the past year?

- | | | |
|--------------------------------|------------|-----------|
| Tobacco | Yes | No |
| Alcohol | Yes | No |
| Illegal drugs | Yes | No |
| Gang-related activities | Yes | No |
| A cult or the occult | Yes | No |

If yes (to any), please explain:

Have you ever:

- | | | |
|---|------------|-----------|
| Been expelled from school? | Yes | No |
| Served time in a detention center or jail? | Yes | No |
| Been convicted of a crime? | Yes | No |

If yes (to any), please explain:

How and when did you become a Christian?

Describe how your life has changed.

Please write a brief overview of your personal history (where you grew up, childhood experiences, and how these affect your life now).

Explain how and why you feel God is calling you to be a part of the Shalom Mission trip team. Include how you believe the trip will be a benefit to you and your walk with God, your goals for the mission trip, and how you feel you will be a benefit to the team.

List your trip preference (1st, 2nd, 3rd)

Trip # 1 _____ Jan 13-Jan 26, 2012 (2 weeks)

Trip # 2 _____ July 7 – July 23, 2011 (2 week)

Trip # 3 _____ July 21 – Aug 7, 2011 (2 week)

Trip # 4 _____ July 7 – Aug 7, 2011 (1 month)

Trip # 2 will be the first trip filled before trip # 3 will be open.

My signature (and the signature of my parent or legal guardian, if I am under 18) signifies that the information I have given is accurate and true to the best of my knowledge.

Signed: _____ Date: _____

Parent Signature: _____ Date: _____

Shalom Christian Missions reserves the right to deny your request to become part of a mission team. A limited number of applicants will be accepted for each trip. Apply early to secure your placement.

Applications will only be processed once we receive:

1. Completed application form.

2. \$30 non-refundable application fee.

Please Mail to: Shalom Christian Missions
1255 Mill Creek Rd
York, PA 17404

Make checks payable to Shalom Christian Missions.

3. Recent photo of yourself.

4. Three reference forms.

(Please note: If you were part of a Shalom Mission trip last year you will not need references this year.)

You are required to have reference forms completed by three of the following:

(Please contact SCM for a copy of the reference form)

Your pastor, youth pastor, teacher, employer, and/or other person in leadership.

One of the references should be from your pastor.

References forms should be completed and sent to us by the person filling out your reference form.

The Shalom Mission Trip Dates and costs for 2011

2 week trip (\$1,400 + airfare)

1 month trip (\$1,900 + airfare)

Your application and your first \$300 down on the trip will secure your placement on the trip. Sorry, airfare is according to going rate at time of ticketing but the earlier we can ticket, the better price we can get. First ticketing will take place in Dec/Jan

***Prices are subject to change due to unforeseen increase in costs for air or ground transportation, food, etc.**

We reserve the right to accept or decline any applicants to a mission team.

We reserve the right to cancel any trip due to lack of interest, unforeseen circumstances, safety concerns, etc.

(another trip will be recommended for applicant and donations will apply to different trip)

All trip donations are non-refundable but will be transferable to another trip within 2 years. Once air tickets have been purchased we cannot transfer the amount for the airfare.

Apply early to give yourself time to meet the trip deadlines.

If another application is needed, feel free to copy this application for a friend or family member.