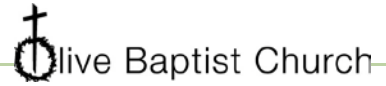


Mission Trip Application



Personal Information

Name as it appears on Passport	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
Cell Phone	
E-Mail Address	

Passport Information

Passport Number	
Date of Issue	
Expiration Date	
Place of Issue	
Date of Birth	

Beneficiary Information

Beneficiary	
Relationship to You	
Phone Number	

Qualifications/Skills/Abilities

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other mission trips that you will apply on this project.

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Previous Mission Trips

Have you been on a mission trip before? Yes or No If so, where?

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Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
Relationship to You	

Financial Support

Have you received financial support from Olive for a previous project? YES or NO

Is financial assistance/scholarship needed in order for you to make this trip? YES or NO

If YES, please contact The Great Commission Ministry office for a financial support application or fill out a form on line and turn it in to our office.

Prayer Support

Please list 5 people who have agreed to pray daily for you on this trip.

1.	
2.	
3.	
4.	
5.	

Share Your Testimony

Give a brief description of your salvation experience:

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Project Information

Trip/Project #	
Trip Dates	