



MONTANA MISSION TRIP APPLICATION

PERSONAL

FULL NAME (as appears on driver's license) _____

PERMANENT ADDRESS _____

CITY _____ STATE _____ ZIP _____

PERMANENT PHONE _____ CELL PHONE _____

E-MAIL ADDRESS _____

GENDER _____ T-SHIRT SIZE _____ AGE (as of June 1 of upcoming summer) _____

BIRTHDATE _____

EMERGENCY CONTACT _____ RELATIONSHIP _____

HOME PHONE _____ CELL PHONE _____

CHURCH MEMBERSHIP (church name) _____

CITY _____ STATE _____

YOUTH MINISTER NAME (if applicable) _____

PLEASE NOTE:

• EACH TEAM MEMBER MUST BE AT LEAST TWELVE YEARS OF AGE BY JUNE 1 OF UPCOMING SUMMER UNLESS OTHERWISE APPROVED BY SERVANT LIFE.

• **SERVANT LIFE RESERVES THE RIGHT TO DENY PARTICIPATION IN ANY OR ALL OF ITS SHORT TERM MISSION TRIPS.**

TESTIMONY

How did you come to faith in Jesus Christ?

What is your life like after placing your faith in Jesus?

Why do you want to participate in this mission trip?

What are you hoping the Lord teaches you through this experience?

EXPERIENCE

Please describe any environments that you are in now or have previously worked in that you feel have prepared you to serve on this summer missions team. Please include any mission work completed.

List below 2 pastor, youth minister, and/or personal references. Please include their name and email address.
