VOICE OF GRACE
INTERNATIONAL MINISTRIES

MISSION TRIP APPLICATION FORM

Application Date	Country Traveling To	Travel Dates

PERSONAL INFORMATION			
Last Name	**First Name**	**Middle Initial**	**Preferred**

Address	City	State	Zip Code

Cell Number	Home Number	Work Number

Email Address(es)

Date of Birth	Gender					Marital Status		
	Female			Male			Single	
							Married	
							Widower	
							Divorced	

PASSPORT INFORMATION							
Passport					**Passport Number**	**Country Issued**	**Expiration Date**
Yes			No				

EMERGENCY CONTACT INFORMATION			
Name	**Relationship**	**Telephone Number**	

Address	City	State	Zip Code

Email Address (If Applicable)

EMPLOYMENT INFORMATION Current or Last Employer			
Name of Company		**Telephone Number**	

Address	City	State	Zip Code

Email Address (If Applicable)

Student					Name of School
Yes			No		

HEALTH INSURANCE INFORMATION		
Insurance Company	**Policy Number**	**Comments**

List any disabilities or health issues

BENEFICIARY DESIGNATION INFORMATION			
Name	**Relationship**	**Contact Number**	
Address	**City**	**State**	**Zip Code**

OTHER INFORMATION						
How long have you been a Christian?	**Are you a member of a local church?**					
		Yes			No	
	If yes, how long?					

Areas of involvement in your local church

Skills/Talents

TERMS AND CONDITIONS:

The Terms and Conditions must be signed by an adult missionary or the parent or guardian of a minor. Voice of Grace International Ministries, reserves the right, in its sole and absolute discretion, to terminate your trip at any point before or during the mission if we believe that it is necessary and in the best interest of the team and our hosts. Please read the below terms and conditions carefully before signing and dating at the bottom.

1. I hereby agree that while serving in the mission field, if any of my actions are found to be not in compliance with the goals of the team, the host missionaries or Voice of Grace, in their sole discretion, will consent to expulsion from the team at the direction of the team leader or any official representative of Voice of Grace International Ministries. Further, I understand that I will forfeit all funds contributed toward this trip (airfare, taxes, and training) for the sake of the overall goal of the remaining team members.
2. I agree that all funds contributed toward this trip (airfare, taxes, and training, etc.) will be non-refundable and forfeited.
3. I hereby release Voice of Grace International Ministries. its board of directors, volunteers, staff and the Executive Director from any and all liabilities associating with my expulsion and any other damages/losses that I may incur as a result of this mission trip.
4. Understanding that Voice of Grace International Ministries is an international missions' organization working to spread the Gospel of Jesus Christ, reaching the lost and reconciling man back to God, I hereby release, hold harmless, and indemnify Voice of Grace, International Ministries. its board of directors, volunteers, staff, and the Executive Director, and associates of and from any and every liability, claim, demand, right or cause of action, of whatever kind or nature, which may be asserted by reason of, on account of, or in any way growing out of any and all personal injuries, disease or the effects and/or consequences thereof, or damage to property or person.
5. I consent to permit Voice of Grace Intl Ministries to use my image/video or any other form of media representation in an effort to advance and promote activities on behalf of their organization. I relinquish any and all rights that I may have because of such appearance, I do not expect to be compensated financially or by any other means.
6. By signing this consent, I confirm that I am medically fit to travel on this trip. I understand that Voice of Grace International Ministries reserves the sole and absolute discretion to require an authorization to travel, by a physician, for me to go on the trip.

Volunteer's Signature	**Date**

List countries and dates of any previous overseas volunteer services:

PERSONAL TESTIMONY

Please share with us how you came to Christ, and your life before and after coming to Christ. *(This is not required for Pastors)*

PASTORAL RECOMMENDATION

It is Voice of Grace International Ministries desire to assemble dynamic teams of people in international missions to provide the most effective use of individual gifts for ministry. We also believe that foreign missions should serve as an extension of ministry that is also effective domestically. We ask you as the pastor of the applicant to provide your recommendation for participation in foreign missions. Please indicate areas of ministry that they are presently involved in that would be beneficial in missions.

Pastor's Name:	

Denomination:	

Ordained to the Ministry:	

CHURCH RECOMMENDATION
List the Name of Church Below

Whole-heartedly recommend the above person to Voice of Grace International Ministries as sound in his/her faith and spiritually equipped to serve on this volunteer project.

Pastor's Signature:	

Date:	