



O B E D I E N T

L I F E | M I N I S T R I E S

P. O. Box 267 Clarion, PA 16214 www.obedientlife.org

“Facilitating people to obey the calling of God on their lives.”

Short Term Missions Program Application Form

Applicant Name: _____

Date: _____

*I heard the voice of the Lord, saying, Whom shall I send,
and who will go for us? Then said I, Here am I; send me.
Isaiah 6:8*

EVERYONE WHO CALLS ON THE NAME OF THE LORD WILL BE SAVED. HOW, THEN, CAN THEY CALL ON THE ONE THEY HAVE NOT BELIEVED IN? AND HOW CAN THEY BELIEVE IN THE ONE OF WHOM THEY HAVE NOT HEARD? AND HOW CAN THEY HEAR WITHOUT SOMEONE PREACHING TO THEM? AND HOW CAN THEY PREACH UNLESS THEY ARE SENT? AS IT IS WRITTEN,

"HOW BEAUTIFUL ARE THE FEET OF THOSE WHO BRING GOOD NEWS!"

ROMANS 10:13-15

PLEASE READ THE FOLLOWING BEFORE COMPLETING THIS APPLICATION

- I. Each applicant will be evaluated by the OLM Staff utilizing the following criteria:
- a. **Prayer:** The OLM Staff will obey the impressions of the Lord they receive through prayer.
 - b. **The overall direction of the applicant's life:** The OLM Staff will be seeking information concerning your life, the direction you are headed, and your spiritual growth.
 - c. **Present Church Involvement:** The OLM Staff will consider the individual's involvement in areas such as Worship Service and Sunday School, local outreaches, church programs, tithing, music, fellowship groups, activities, etc.
- II. All participants will be required to attend the Missions Training Program prior to participating on each short-term mission trip.
- a. **Purpose:** OLM feels that to properly prepare individuals for short-term mission outreach, training is mandatory. The training is designed to promote growth in an individual's walk with the Lord, teach discipline, promote unity, help all to grow as a body, and prepare the outreach participants to work closely as a unit.
 - b. **Requirements:** Each participant will be required to attend up to fourteen classes as well as complete various assignments given by their team leader. The assignments are designed to prepare the individual for the outreach by molding their character to HIS image. Successful completion of this program is **mandatory** in or to participate.

It is important that each prospective participant "count the cost" of this outreach by prayerfully considering whether they will be able to fulfill these requirements.

PLEASE DETACH THIS SHEET AND KEEP FOR YOUR RECORDS
MAIL THE REST OF THE APPLICATION TO THE ADDRESS LISTED ON THE BACK

This application must be completed in full regardless of whether or not you have previously participated on a short-term mission trip.

Application For:
Destination _____

Trip Dates _____

Personal Information

Name _____		Name you go by _____	
<i>(Name Must Be Same As Will Be on Passport)</i>			
Address _____		Apt _____	
City _____	State _____	Zip _____	
Home Phone Number _____		Work Phone Number _____	
Date of Birth _____	Email address _____		
Place of Employment _____		Your Position _____	

Marital Status: Single Divorced Separated Married Spouse's Name _____

Children's Names & Ages _____

In the event of emergency notify: *(Please list someone who will not be on the trip with you.)*

Name _____ Relationship to you _____

Address _____ City _____ State _____ Zip _____

Daytime Phone Number _____ Evening Phone Number _____

Talents/Gifts/Abilities that may be useful for the mission team _____

Medical / Health Information

Have you ever had, been diagnosed as having, or been treated for any of the following: **(If yes, please circle disease or disorder.)**

- A. Chest pain, disease of heart, high or low blood pressure? _____ Yes No
B. Nervous, mental or emotional disorder? _____ Yes No
C. Convulsions, epilepsy, unconsciousness? _____ Yes No
D. Asthma or other disease of lungs or respiratory system? _____ Yes No
E. Kidney stones, disease of the kidney or bladder? _____ Yes No
F. Cancer and/or cancerous tumor? _____ Yes No
(state type: part of body) _____
G. Diabetes, liver or thyroid disease? _____ Yes No
H. Stomach, gall bladder, intestinal or colon disorders? _____ Yes No
I. Rheumatoid arthritis, lupus, or back disorders? _____ Yes No
J. Phlebitis, paralysis, or any other physical impairment? _____ Yes No
K. Headaches, Migraines, Bronchitis? _____ Yes No
L. Epilepsy, Non-epileptic seizures? _____ Yes No
M. Emphysema, Hemophilia, Aids? _____ Yes No
N. Anxiety Disorder, depression, mood swings, psychosis? _____ Yes No
O. Does your medical history include:
Heart attack, colostomy, stroke, open heart surgery, hepatitis _____ Yes No
Tuberculosis, pneumonectomy, lobectomy _____ Yes No

Please list your blood type: _____

Physicians Name: _____ Physicians Phone Number: _____

1. How would you describe your general health (please circle one) Bad Poor Fair Good Excellent

2. Are you now pregnant? _____

3. Are you currently taking any prescribed medication? _____ If yes, explain: _____

4. Are you allergic to any medications? _____ If yes, please list: _____

5. Do you have any other allergies? (animals, foods, etc.) _____ If yes, list: _____

6. Have you been advised to, or do you plan to, have any surgery between now and the trip date? _____

If yes, please explain: _____

7. Do you have any medical restrictions or handicaps for which we would need to make provisions? _____ If yes, explain: _____

8. Do you have dietary restrictions? _____ If yes, explain: _____

9. Approximately how many pounds can you lift without injuring yourself? _____

10. Are you limited in your mobility? If yes, please explain _____

11. Do you every use any of the following aids? (circle all that apply)

Cane	Prosthetic Limb	Oxygen machine	Crutches	Wheel Chair
Nebulizer	Walker	Contact Lenses	Glasses	
Hearing Aid	Other (please list) _____			

Personal Profile

1. **On a separate piece of paper**, briefly share your testimony and describe your present relationship with the Lord. All applicants must include a **current** written testimony, regardless of whether or not you have submitted one on a previous missions application.
2. Where do you presently attend church? _____
3. Please describe your church attendance using these terms (circle one) Regular Seldom Never
4. Do you attend Sunday School? _____
5. List any Bible studies you presently attend. _____
6. List other ministries or volunteer work you are involved in? (i.e. Sunday School Teacher, Ladies Ministry, Youth Ministry, etc.) _____

Personal References

(Please do not list family members. Must be filled out completely or application will be returned.)

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____ email address _____

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____ email address _____

Pastoral Reference

(Please do not list family members. Must be filled out completely or application will be returned.)

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____ email address _____

Short-Term Missions Experience

(Please list any previous short-term mission trips on which you have participated.)

	Country	Date	Organization (OLM or Name of Other)
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

Personal Commitment

I understand that the training sessions for this mission trip are a commitment of meeting faithfully for up to 12-14 weeks. I am willing to commit to this.

Signed _____ Date _____

Note: Application **MUST** be received by the end of office hours on the **DUE DATE** indicated on www.obedientlife.org.

MAIL COMPLETED APPLICATION TO:
Obedient Life Ministries, P.O. Box 267, Clarion, PA 16214

ATTACH YOUR
PICTURE HERE

OLM