

HERE • THERE
Everywhere

**GLOBAL MISSIONS
APPLICATION**



Location & Date of Trip_____

PERSONAL INFO

Full Legal Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: _____

Email Address: _____

Birth date: _____/_____/_____ () Male () Female

Marital Status: () Single () Married () Divorced () Widowed

Place of Birth: _____ Social Sec. No.: _____/_____/_____

Passport No.: _____ Country: _____

Frequent Flyer No.: _____ Airline: _____

EMERGENCY CONTACT

Name: _____ Relationship _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

MOTIVATION

Briefly state your goals and expectations for involvement in WSFC Global Missions.

FOREIGN EXPERIENCE

Countries Visited: _____ Year: _____ Purpose/Organization: _____

Languages Known: _____ () Very Limited () Limited () Fluent
_____ () Very Limited () Limited () Fluent

MINISTRY QUALIFICATION

When did you accept Jesus as the Lord of your life? _____

Do you actively attend WSFC? _____ How Long? _____

Do you serve in any ministries at WSFC? _____

With what special skills and/or talents do you believe God has given you?

Describe any limitations keeping you from participating fully during the entire mission?

Are you willing to do tasks no one else wants to do? () Yes () No

Will you be flexible when plans change from what you expected? () Yes () No

FINANCES

What is your current financial status?(ie: extensive debt, etc) _____

Where are you employed? _____ How long? _____

Complete and return to: West Salem Foursquare • 3094 Gehlar NW Rd • Salem, OR 97304

HEALTH INFORMATION

NAME: _____

BIRTHDATE: _____ **AGE:** _____

1. Date of last complete physical exam? _____

2. How do you appraise your present health? Excellent _____ Good _____ Below par _____

3. Have you ever been treated for any major physical ailments? Yes _____ No _____

If yes, please specify what and when: _____

4. Do you have any chronic or recurring health problems? Yes _____ No _____

If yes, please explain: _____

5. Do you have a condition that requires a special diet? Yes _____ No _____

If yes, please explain: _____

6. Are you currently undergoing medical treatment or taking prescription medication?

Yes ___ No ___ If yes, specify type and use: _____

7. Have you suffered from or received treatment for emotional or mental illness?

Yes ___ No ___ If yes, please explain: _____

8. In case of emergency away from home, what doctor, who is knowledgeable about your health, should be contacted?

Name: _____

Phone: _____

9. What other party(ies) should be notified?

Name: _____

Phone: _____

11. Blood type: _____

12. Current tetanus inoculation? Yes _____ No _____

13. Allergic to any medications? Yes _____ No _____

If so, which ones? _____

Signature: _____ **Date:** _____

If under 18, signature of parent or legal guardian:

Signature: _____ **Date:** _____

Complete and return to: West Salem Foursquare • 3094 Gehlar NW Rd • Salem, OR 97304

CONFIDENTIAL PERSONAL REFERENCE

TO BE COMPLETED BY APPLICANT'S FRIEND, PASTOR, EMPLOYER/TEACHER

Name of Applicant: _____

Missions Focus: _____

Trip Dates : _____

Reference name: _____

Reference Phone: _____

Your Relation to Applicant: _____

I have known this person for _____ years and would consider our relationship:

_____ very close _____ fairly close _____ an acquaintance _____ minimal

	Excellent	Good	Fair	Poor	No Observation
Personal motivation	_____	_____	_____	_____	_____
Self-discipline	_____	_____	_____	_____	_____
Self-image	_____	_____	_____	_____	_____
Teamwork	_____	_____	_____	_____	_____
Servanthood	_____	_____	_____	_____	_____
Social acceptability	_____	_____	_____	_____	_____
Social responsiveness	_____	_____	_____	_____	_____
Tactfulness	_____	_____	_____	_____	_____
Creativity	_____	_____	_____	_____	_____
Workmanship	_____	_____	_____	_____	_____
Physical Condition	_____	_____	_____	_____	_____
Personal appearance	_____	_____	_____	_____	_____
Communication skills	_____	_____	_____	_____	_____
Dependability	_____	_____	_____	_____	_____
Stability	_____	_____	_____	_____	_____
Enthusiasm	_____	_____	_____	_____	_____
Common Sense	_____	_____	_____	_____	_____
Flexibility	_____	_____	_____	_____	_____
Teachability	_____	_____	_____	_____	_____
Submission	_____	_____	_____	_____	_____
Industry	_____	_____	_____	_____	_____
Perseverance	_____	_____	_____	_____	_____
Personal devotions	_____	_____	_____	_____	_____
Church attendance	_____	_____	_____	_____	_____

Would you enjoy having this person travel and/or work with you? _____ yes _____ no

Further comments: _____

Your signature: _____ Date: _____

Complete and return to: West Salem Foursquare • 3094 Gehlar NW Rd • Salem, OR 97304