

Sonshine Ministries International Missions Application

I am applying for: Short Term Missions Trip Long Term Missions Placement

Dates of service for Short Term Missions Trip: Departure Date ____/____/____ Return Date ____/____/____

(or)

Beginning date for Long Term Missions Placement ____/____/____

Personal Information:

Full Name (as it appears on your passport) _____

Nickname/Other Name _____

Address _____ City _____ State _____ Zip _____

Phone Numbers: Home _____ Cell _____ Work _____

Email Address _____ Birth Date ____/____/____ Age _____

Marital Status _____ Gender: __ Male __ Female __ Spouses Name _____

Passport # _____ Expiration Date ____/____/____ Issuing Country _____

Medical Background

In case of emergency contact: _____

Emergency Contact Phone # _____

How would you describe your health? Excellent Good Fair Poor

List any allergies: _____

List any physical limitations: _____

List any medications you are currently using: _____

Church Affiliation:

Name of Home Church _____ Denomination / Affiliation _____

Address _____ City _____ State _____ Zip _____

Name of Senior Pastor _____ May we contact them? Yes No

Phone Number _____ Are you a member of this church? Yes No

Please give us an account of your personal Christian testimony.

What ministry responsibilities do you currently have in your church and/or community if any?

General Questions: Why do you want to be a part of a mission with Sonshine Ministries International? What do you feel that you can contribute to the team?

Do you have any special skills that might be of use during this trip to Tanzania? (Example: preaching, teaching, construction, computer skills, children’s ministry, artistic, medical/nursing, drama, etc.) Please explain.

I have answered these questions honestly and to the best of my ability. I understand that my application fee of \$100.00 per person (Short Term Trip only) is due with this application and that it is nonrefundable. I understand that Sonshine Ministries International will review this application and may schedule a phone interview for follow up questions. I understand that if I am not accepted as a team member on this trip that Sonshine Ministries International will refund my full deposit.

Signature of Applicant Printed Name of Applicant Date / /

Please complete the application, sign the Sonshine Ministries International liability release form and return with your application fee of \$100.00 (Short Term Mission Trip only) to:

Sonshine Ministries International
32107 SW Willamette Way E.
Wilsonville OR 97070

