

GRIP MISSION APPLICATION

GRIP Mission Application

Trip for which you are applying: _____

1) Full Name (as it appears on passport): _____

2) Date of Birth: _____ M ___ F

3) College Status: ___ Freshman ___ Sophomore ___ Junior ___ Senior ___ Graduate

Major _____

4) Street Address: _____

City: _____ State: ___ Zip Code: _____

5) Cell phone: ___/____ Service provider _____

6) E-mail: _____ Do you text? Y ___ N ___

7) Country of Citizenship: _____

Passport #: _____

Passport Place/Date of issue: _____ Expiration date: _____

8) Do you attend 12:12, Grace UMC, or attend GRIP Activities? ___ Yes ___ No If yes, please list:

9) Do you attend any other local church? Are you involved in any other IUP ministries? If so, please describe:

10) Do you serve locally? ___ Yes ___ No If so, what do you do? _____

11) Describe your spiritual life at present. AND, if you consider yourself a Christian, tell us how you came to Christ.

12) Do you feel equipped to lead someone to Christ? ___ Yes ___ No
Why or why not?

13) List any ministry strengths/cross-cultural experience you bring to this trip:

14) Check skills you have that may be used on this trip:

___ Leadership ___ Photography ___ Construction skills: _____
___ Teaching ___ Preaching ___ Foreign language: _____
___ Acting ___ Puppets ___ Sports: _____
___ Cooking ___ Musical instrument: _____
___ Evangelism ___ Song leading ___ Singing
___ Interacting with children ___ Interacting with older adults
___ Other: _____

15) Have you served on a mission team before? If so, where?

16) Primary means by which you plan to finance trip:
___ Personal funds ___ Raise support from friends and family
___ I would like instruction on how to raise support

17) I have health insurance coverage in the location to which I will be traveling:

No ___ Yes ___ Company: _____

Policy: _____

18) Describe any physical condition or health issue that could be affected by physical stresses or a lack of emergency medical services.

19) List any allergies: _____

Prescription drugs you are taking: _____

Family Physician _____ phone # _____

20) I have received all routine immunizations recommended by my doctor. I will confirm that I have an updated Tetanus immunization on record. I agree to obtain any immunizations required for this trip, and I will check with my doctor, and / or any involved organizations for recommended immunizations.

___ Yes ___ No if no, please explain:

21) Emergency Contact:

Name: _____ Relationship: _____

Street Address: _____

City: _____ State: ___ Zip Code: _____

Home phone: ____/____/____ Work phone: ____/____/____

GRIP Release: If accepted for this trip,

- ~ I will participate voluntarily and of my own free will.
- ~ I will not hold team leaders, sponsoring mission/missionaries, or Grace United Methodist responsible for any accident, injury, illness or other personal loss that might result from this trip.
- ~ I authorize team leaders, as my agents, to consent to any emergency treatment that is necessary in the case of accident or illness, which is deemed advisable.
- ~ I will submit to team leadership and maintain a cooperative spirit in all activities.
- ~ I am willing to share my testimony about the trip should I be asked to do so.
- ~ To the best of my ability, I will participate in team orientation, fundraising and meetings.

_____	_____
Signature	Date
_____	_____
Witness	Date

For questions contact Karen at 724.463.8535 or gripiup@yahoo.com
For interviewing purposes, please list below all available dates and times:

Monday_____

Tuesday_____

Wednesday_____

Thursday_____

Fridays_____