



## ST. IGNATIUS, MONTANA MISSION TRIP APPLICATION

### PERSONAL

FULL NAME (as appears on passport) \_\_\_\_\_

PERMANENT ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PERMANENT PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

GENDER \_\_\_\_\_ T-SHIRT SIZE \_\_\_\_\_ AGE (as of JUNE 1 of upcoming summer) \_\_\_\_\_

BIRTHDATE \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

CHURCH MEMBERSHIP (church name) \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_

YOUTH MINISTER NAME (if applicable) \_\_\_\_\_

#### **PLEASE NOTE:**

• **EACH TEAM MEMBER MUST BE AT LEAST FOURTEEN YEARS OF AGE (SIXTEEN IF GOING AS AN INDIVIDUAL) BY JUNE 1 OF UPCOMING SUMMER.**

• **EACH TEAM MEMBER MUST HAVE A VALID PASSPORT**

• **SERVANT LIFE RESERVES THE RIGHT TO DENY PARTICIPATION IN ANY OR ALL OF ITS SHORT TERM MISSION TRIPS.**

## TESTIMONY

How did you come to faith in Jesus Christ?

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What is your life like after placing your faith in Jesus?

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Why do you want to participate in this mission trip?

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What are you hoping the Lord teaches you through this experience?

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## EXPERIENCE

Please describe any environments that you are in now or have previously worked in that you feel have prepared you to serve on this summer missions team. Please include any mission work completed.

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List below 2 pastor, youth minister, and/or personal references. Please include their name and email address.

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**\* PLEASE ATTACH 2 COPIES OF YOUR PASSPORT TO THIS APPLICATION!**

