

# North-Mar Church

## SHORT-TERM MISSIONS TRIP APPLICATION

Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

### Trip Information

1. What are the dates of this trip?
2. What is the purpose of this trip (Include the activities that you will be taking part in)?
3. What goals do you have for your trip (for yourself and for those you are ministering to)?
4. Please express why you think the Lord is leading you to go on this trip?
5. What is the cost of this trip (please itemize)?
6. When do you need to have the money for this trip?
7. What group or organization are you going with?
8. How are you planning to pay for the trip?
9. Who else is helping with the funding of this trip?
10. In what ways do you think this trip is going to benefit your spiritual life and involvement in missions?

### Church and Personal Information

1. How and when did you first come to know Jesus Christ as your Savior? How has your life been changed? Briefly describe your devotional life. Please respond to these with a paragraph or more.
2. How long have you regularly attended North-Mar Church (at least once weekly)?
3. What involvement have you had in the church, both past and present?
4. Have you received training in evangelism or discipleship? If yes, please specify.

### Medical Information

1. Please list all medications that you are taking? For how long? For what reason?
2. Please list all illnesses that you have had over the past 5 years.
3. How would you rate your health (Great, Good, Fair, Poor)? Why?
4. What is the date of your last physical?
5. List your dietary restrictions.
6. List any allergies that you have.

If you have any questions please contact **Pastor Paul Armitage** at 330.856.3496.

When you have completed this application please either:

**email** it to PArmitage@NorthMarChurch.com, or

**mail** it to: North-Mar Church, Pastor Paul Armitage,

3855 East Market Street, Warren, Ohio 44484, or

**hand deliver** it to him.

Thank you.