



Short Term Mission Application Form

Thank you for your interest in the work SAM Ministries undertakes for the kingdom of God. We want the chance to get to know you. This forms helps us to facilitate your mission's trip to one of our mission fields.

Name:

Address:

Telephone:

Email:

Birth date:

Which field are you hoping to work in? Brazil Mozambique

When do you hope to be there?

How long do you plan to stay?

Are you willing and able to raise funds for the expenses of this trip? Yes No

How will you pay for this trip?

Do you have a home church?

Name:

Pastor:

Contact # or email:

Do they support this trip?

What are some of your skills and passions?

Do you agree with the following:

I will inform people so that they'll uphold me in prayer.	Yes	No
I will organize special medical insurance for this trip.	Yes	No
I will arrange a visitor visa for the country I will be entering.	Yes	No
I will raise/provide the support I need for the expenses of this trip.	Yes	No
I will acquire a basic understanding of the local language.	Yes	No

Please attach the following if we don't already have it:

Letter of recommendation from your home church, school, or company
(whichever is sending you)

Please list:

1. Chronic illnesses/conditions you may have:
2. Allergies (describe reaction):
3. Medications you currently use:
4. Serious medical conditions and provide doctor's approval for your visit:

Dr.'s Approval Attached

I have thoroughly read SAM Ministries' "Volunteer In Mozambique" web page.

I have carefully read the Short Term Team Manual and agree to its terms.

I certify this information to be true.

Signed (or attached to personal email)

Date: