

# gatewaychurch

## Short-Term Mission Application

Mission Destination		Date of Trip	
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### Section 1 – Personal Information

Full Name:		Gender:	
Address:		City:	
State:		Post Code:	
Email:		Phone Number:	
DOB:		Passport Number:	
		Passport Expiration Date	
<b>Emergency Contact</b>			
Name:		Phone Number:	
Relationship			

### Section 2 – Health Information

*The following information is totally voluntary. However, it is important to be made aware of any medical conditions/medicines in order to avoid possible problems on the mission field.*

Are you under a doctor's care for any reason?	Yes <input type="radio"/> No <input type="radio"/>
If yes, please explain:	
Describe any other medical conditions the team leader should be made aware of:	
Please list all medications you are taking as well as possible side effects:	
Do you abuse drugs or alcohol?	Yes <input type="radio"/> No <input type="radio"/>

### Section 3 – Church Background

What church are you currently attending?	
How long have you been attending this church?	
Are you currently involved in a life group?	Yes <input type="radio"/> No <input type="radio"/>
How long have you been a part of this life group?	
If no, describe plans for being in a life group:	
Describe any other involvement in you have in your church:	

**Section 4 – Personal Commitment and Qualifications**

Give a brief description about your relationship with God and include other influences on your spiritual development:
Explain why you want to go on this mission:
Explain how going on this mission will change/strengthen you in your future service in the Lord:
Have you been involved in other missions previously? If so please give details:

**Section 6 - References**

*To assist us in evaluating your application, we need references from people who know you well. Please do not list relatives. At least one reference must be either a pastor or your life group leader or another ministry leader.*

Name:	
Address:	
Email:	
Phone:	
Relationship:	
Name:	
Address:	
Email:	
Phone:	
Relationship:	

## Section 7 – Waiver of Claims and Medical Authorization

Should it be necessary for me to have medical treatment while participating in a Gateway mission program, I hereby give the team's leadership permission to use their judgment in obtaining medical service for me. I give permission to the physician selected by the group's leadership to render medical treatment deemed necessary and appropriate. I waive all claims against the sponsoring organization, or Gateway Church and their paid or voluntary workers for injury, accident, illness, or death occurring during or by reason of the trip.

I have understood the foregoing statements agreeing to assume the responsibility stated and waive all claims as indicated.

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian Name (if under 18 years of age): \_\_\_\_\_

Parent/Guardian Signature (if under 18 years of age): \_\_\_\_\_

Date: \_\_\_\_\_

Please submit the application and any direct questions to Gateway Mission via email: [info@gatewaychurch.org.au](mailto:info@gatewaychurch.org.au), or via post PO BOX 1037, Salisbury, SA 5108