

Missionary Trip Application Form

PERSONAL INFORMATION

Full Name:

Date of Birth: / / Gender: Male Female

Email: Phone:

Address:

WHICH TEAM WOULD YOU LIKE TO JOIN?

Autum 2026 Spring 2027 Autum 2027 Spring 2028

AREAS OF INTEREST Which area(s) of ministry are you most interested in? (Tick relevant boxes)

Outreach 'The Promised Land' Teaching / Training Preaching in Church

Church Ministry House Church Manual Work Primary School Work Water Project

Other

WHAT CAN YOU BRING TO THE TEAM

Briefly describe any relevant training, skills or experience you have:

● WHY DO YOU WANT TO JOIN A MISSION TEAM TO SIERRA LEONE?

● IS THERE ANYTHING ELSE YOU WOULD LIKE TO SAY?

● DO YOU TAKE ANY REGULAR MEDICATION? YES NO
If YES, what is the medication for?

● "PLEASE LIST ANY CHRONIC MEDICAL CONDITIONS, INCLUDING MENTAL HEALTH, ANXIETY, OR DEPRESSION."

● DO YOU HAVE APPROPRIATE TRAVEL INSURANCE IN PLACE AND HAVE YOU DECLARED ALL MEDICAL CONDITIONS?

YES NO

● REFERENCES Please supply the names and contact details of two people who will recommend you to be part of one of our teams

● EMERGENCY CONTACT

Name:

Relationship:

Phone:

● DECLARATION

I confirm the above information is accurate.

Signature

Date