



Growing Trees International Ministry

Mission Application

APPLICANT INFORMATION

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment / Unit #

City State Zip Code

Phone: (____) _____ Email: _____

Gender (Circle Answer): Male Female Age: _____ Marital Status (S/M/D): _____

Are you a citizen of the United States (Circle Answer)? YES NO
If No, in what country are you a citizen? _____

Ever participated in a foreign mission trip (Circle Answer)? YES NO
If yes, where and when? _____

Have you ever been convicted of a felony (Circle Answer)? YES NO
If yes, Explain: _____

Religious Affiliation: _____

EDUCATION

Check the Highest Level of Education Achieved:

- Less than a High School Diploma
- High School Diploma
- Associates Degree (List Degree): _____
- Bachelor's Degree (List Degree): _____
- Master's Degree (List Degree): _____
- Doctoral Degree (List Degree): _____
- Special Certificates (List Degree): _____

EMPLOYMENT

Company: _____ Employment Date: _____

Address: _____
Street Address City State Zip Code

Job Title: _____ Phone: _____

HEALTH INFORMATION

Please list all known Allergies (food, environmental, and/or drugs):

Do you have any physical limitations (Circle answer)? YES NO

If yes, please explain: _____

Have you been diagnosed with a chronic illness (high blood pressure, diabetes, etc.) or recent injury, had major surgery or recently been hospitalized for any reason (Circle answer)? YES NO

If yes, please explain: _____

Are you physically able to tolerate an 8 - 10 hours flight (Circle answer)? YES NO

Are you willing to obtain all necessary immunization and preventative medications (Circle answer)?

YES NO

List Medications you are presently taking (include name/dose/frequency):

In case of an emergency, please contact the person listed below:

Name	Relationship	Phone
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Reference Check

Please list the name and phone numbers of two references, one professional reference and one personal character reference (Do Not list relatives):

Professional Reference:

Name: _____ Relationship: _____

Phone: _____ Email: _____

Personal Character Reference:

Name: _____ Relationship: _____

Phone: _____ Email: _____

Miscellaneous Information

Are you willing to sign a liability waiver (Circle answer)? YES NO

Are you willing to participate in monthly conference calls for mission orientation (Circle answer)?

YES NO

Do you speak any language other than English (Circle answer)? YES NO

If so, what language? _____

Are you comfortable with attending a Christian worship service as part of the experience (Circle answer)? YES NO

If not, explain: What prompted you to inquire about a Nurses for Africa mission trip and what are you hoping to get out of the experience?

I certify that the Information given is true to the best of my ability:

Signature

Date

Print Name