

Global Outreach Trip Application

Trip Destination:	Trip Date:		
General Information			
Name:			
Address:		Gen	der: M F
City:	Date of Birth:		
State: Zip: Plac	ce of Birth:		
Phone number: (Home)	(Cell)	(work)	
E-mail address:			
Country of Citizenship:	Do you have	a passport? Yes No (Please p	rovide copy.)
Passport Number:	Da	te Issued:	
Expiration Date:			
In Case of an Emergency			
Please notify:	Relationship:		
Address:			
State:	Zip:		
Phone Number: (Home)	(Cell)		
Health Information			
How would you describe your prese	ent health? –Excellent - Good - Av	verage - Poor	
Please state any major illness(es) yo	ou have had in the last five years:		
List any medications you are curren	tly taking:		
List any allergies you have:			
Skills/ Experience			
Do you speak any foreign languages	? No Yes Leve	el of proficiency:	

List any previou	s mission experience:		
Country	Church/Mission Organization	Date of Project	Ministry
Church Involven	nent		
Are you a memb	oer or attendee of Pathway Church?		
Are you current	ly part of a small group? -Yes -No If so, v	vhich one?	
Are you current	ly a part of discipleship group? Yes No		
List any ministri	es with which you have been involved:		
Spiritual Journe	у		
In the space bel	ow, please tell where you are on your spirit	ual journey and why you fe	el the need to go on this global
outreach trip: _			
I understand tha	at I am committing to the global outreach tr	ip, its financial obligation a	nd attendance of all training
sessions and oth	ner related events.		
Student Signatu	re:		Date:
Parent Signature	e:		Date:

