



### Guidelines for filling out the Mission Trip Application

Thank you for applying to YWAM Louisville's short-term outreach. These guidelines will tell you everything you need to know to complete the application process. In order for us to process your application, we must receive each of the following items:

1. Application Form. Please answer every question. If one does not apply to you write N/A in the blank.
2. Application Fee. A non-refundable fee of \$35 is to be sent in with the application.
3. Supplemental Questions. Please prayerfully and concisely (i.e., a couple of lines per question) answer the following questions on a separate piece of paper. Please print or type.
  - A. How long have you been a Christian? When and how did you become a Christian?
  - B. Why do you desire to serve on this short-term outreach?
  - C. Describe your personal strengths that you feel would be of service to the team.
  - D. What is your greatest struggle in your walk with the Lord?
  - E. Please list any special circumstances or situations we should know about.
  - F. How did you hear about YWAM Louisville?
4. A Reference Form. Your pastor must complete and sign a reference form. One of your parents must also complete a reference form if you are under the age of 20 years old.

*\*A reference from your parent or guardian is helpful even if you are an adult or your parent/guardian is not a Christian. We occasionally allow exceptions, so please feel free to contact our office if you feel you have a reason not to provide a parent/guardian reference.*

5. Please mail all completed applications and payments to:

Youth With A Mission  
ATTN: STO Department  
P. O. Box 22185  
Louisville, KY 40252

Or you may email them to [info@ywamlouisville.org](mailto:info@ywamlouisville.org).



## Mission Trip Application

Please print or type. Be sure to include the non-refundable application fee and the answers to the Supplemental Questions found on the Guidelines Sheet.

I am applying to participate in the following outreach/program \_\_\_\_\_

Date for outreach/program \_\_\_\_\_ to \_\_\_\_\_  
Start End

### Cover Page: PERSONAL INFORMATION

Legal Name \_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Last First Middle

Nickname/Preferred Name (Optional) \_\_\_\_\_ Year of graduation \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Parent/Guardian Full Legal Name \_\_\_\_\_

Parent/Guardian Phone \_\_\_\_\_ Parent/Guardian Cell Phone \_\_\_\_\_

Do you have a passport? (International Trips Only) Yes No Passport # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Marital Status: Single Engaged Married Separated Divorced

List full name, age, schooling grade level and gender of any children accompanying you:

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: \_\_\_\_\_



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### YWAM / MISSIONS EXPERIENCE

Are you currently a student? Yes No If yes, what year? \_\_\_\_\_

Have you ever been involved in a YWAM mission trip or training program? Yes No

If so, specify \_\_\_\_\_ Leader \_\_\_\_\_ Date attended \_\_\_\_\_

YWAM Base/Organization you worked/trained with? \_\_\_\_\_

Any other YWAM functions? \_\_\_\_\_

\_\_\_\_\_

### CHURCH INFORMATION

Home Church \_\_\_\_\_ How long have you attended? \_\_\_\_\_

Church Address \_\_\_\_\_

Church Denomination \_\_\_\_\_ Church Website \_\_\_\_\_  
City State/Province Zip

Pastor's Name \_\_\_\_\_ Church Phone \_\_\_\_\_

Agreement---

Please carefully read and sign below.

I certify that all information in the application is complete and accurate. If accepted by Youth With A Mission, I will abide by the spirit, rules, and schedule of the program. I understand that any Confidential Evaluations in my file are YWAM property, and I relinquish the right to view them or obtain information from them in any way. In accordance with biblical principles, I agree to resolve any and all disputes with Youth With A Mission, its director and/or staff by means of reconciliation or mediation and waive any right to pursue action by way of litigation. I confirm that I understand that payment of required fees must be made upon or before arrival. I also confirm that I am fully aware of my financial obligation, both to the Lord and to the interns and staff at Youth With A Mission. I therefore commit myself to paying all personal expenses incurred during my involvement with Youth With A Mission.

Signature \_\_\_\_\_ Date \_\_\_\_\_



# Mission Trip Application

## HEALTH INFORMATION

### Emergency Contact

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Name, First and Last  Relationship  Phone #

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Address  City  State/Province  Zip  Country

Do you have health insurance?    Yes    No    If yes, what company   
Policy number

Do you have a current tetanus shot?    Yes    No    Date of last tetanus shot

How would you rate your health condition?    Excellent    Good    Fair    Poor

Please list any known allergies

Are you now under a doctor's care for any condition?    Yes    No    If yes, please specify

Are you taking medication at this time?    Yes    No    If yes, please specify

Do you have a history of emotional instability or psychiatric treatment?    Yes    No    If yes, please specify

Would you be able to walk 3-4 miles per day?    Yes    No    Blood Type

Please list any special circumstances or situations that we should know about