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172 Dowling Lane, Gilbert, PA. 18331

Phone 570-460-1442 Fax 610-681-4365 www.inheritancewm.org

INHERITANCE SHORT TERM MISSION TRIP APPLICATION

| | | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|-------------------------|--|--------|--|
| Legal Name | | | | | |
| Address | | | | | |
| City | | State | | Zip | |
| Home Phone | | Cell Phone | | | |
| Business Phone | | Email | | | |
| Male <input type="checkbox"/> | Female <input type="checkbox"/> | Weight | | Height | |
| Tee Shirt Size | | Citizen of what Country | | | |
| Do you have a valid passport? Yes <input type="checkbox"/> | No <input type="checkbox"/> | Passport # | | | |
| Do you have any allergies? Yes <input type="checkbox"/> | No <input type="checkbox"/> | If yes please explain: | | | |
| | | | | | |
| Do you have any physical limitations or disabilities that would affect you in less than ideal conditions such as extreme heat, limited food choices, etc.? Yes <input type="checkbox"/> | | | | | |
| No <input type="checkbox"/> | | | | | |
| If yes, please explain: | | | | | |
| | | | | | |

Why do you want to serve on an Inheritance World Ministry Mission Team?

List any skills you might have – Construction, Ministry, Speaking, Singing, Drama, Music, Computer, Accounting, Etc.

Describe Yourself as a person listing your strengths and weaknesses.

Have you been treated or hospitalized for a mental or emotional condition? Yes No
If yes, please explain:

Please check which box which closest describes you:

Pastor/ Minister Adult Junior High Student Senior High Student

References of non family members:

| | | | | | |
|----------------------------|--|------------|--|-----|--|
| Name – Pastor/Youth Pastor | | | | | |
| Church | | | | | |
| Church Address | | | | | |
| City | | State | | Zip | |
| Church Phone | | Home Phone | | | |

| | | | | | |
|--------------------|--|------------|--|-----|--|
| Name of individual | | | | | |
| Relationship | | | | | |
| Address | | | | | |
| City | | State | | Zip | |
| Business Phone | | Home Phone | | | |

Describe how you met Jesus and what your relationship with him looks like today!

Empty text area for describing the relationship with Jesus.

Team Member Commitment

If accepted, I agree to complete all pre-field and post-field Bible Study and training materials sent to me by INHERITANCE WORLD MINISTRIES. I further agree to conduct myself in a manner that will bring honor to Christ, and to not be critical of my host culture, indigenous people, team mates or leaders. I agree to obey INHERITANCE WORLD MINISTRIES rules and instructions given to me by INHERITANCE WORLD MINISTRIES leaders. I also realize that if I am accepted my application deposit of \$150.00 is non refundable should If for any reason I am not able to participate on this short term mission.

| | | | |
|------------------------|--|------|--|
| Signature of Applicant | | Date | |
|------------------------|--|------|--|

Send completed application along with a \$150.00 deposit made out to:

Inheritance World Ministries Inc.
172 Dowling Lane
Gilbert, PA. 18331