

**Pantano Christian Church**  
**Short-Term Mission Application Form**

Mission location and dates:

Return your completed application by email to Stephanie Gauthier at [sgauthier@pantanochristian.org](mailto:sgauthier@pantanochristian.org) or to the Pantano Christian Church office at 1755 S Houghton Rd, Tucson, AZ 85748

***Personal Information:***

Full Name (*as it appears on passport*): \_\_\_\_\_ Date of Birth: \_\_\_\_\_  Male  Female

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Phone Number(s): (home) \_\_\_\_\_ (cell) \_\_\_\_\_

Passport Number \_\_\_\_\_ Place/Date of Issue: \_\_\_\_\_

Date of Expiration: \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_

Employer Name and Phone Number: \_\_\_\_\_

If you are a student, please provide the name of your school and current grade:

\_\_\_\_\_

If you are a minor, please provide your parent(s)' names and contact info:

\_\_\_\_\_

***Emergency Contact Information:***

Please provide the names(s) and contact info for people we may contact in case of emergency during travel that will *not* be travelling with you:

**Primary Emergency Contact**

Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Phone Number(s): (home) \_\_\_\_\_ (cell) \_\_\_\_\_ (work) \_\_\_\_\_

**Secondary Emergency Contact**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number(s): (home) \_\_\_\_\_ (cell) \_\_\_\_\_ (work) \_\_\_\_\_

***Church Affiliation and Testimony:***

What is your association with this church, including personal areas of responsibility and ministry? \_\_\_\_\_

Briefly describe your relationship with Jesus Christ: \_\_\_\_\_

In what ways has God used you in peoples' lives? \_\_\_\_\_

Describe your personal devotional life: \_\_\_\_\_

Have you been baptized by immersion? \_\_\_\_\_

***Training, Experience and Skills:***

Summarize your educational and/or vocational training: \_\_\_\_\_

Have you participated in a short-term mission before? Where? When? What organization? \_\_\_\_\_

Describe your previous ministry experience, including cross-cultural experience, if any: \_\_\_\_\_

What strengths and/or skills do you have that will help you serve effectively on this particular mission team?

\_\_\_\_\_

### ***Additional Questions:***

Specifically, why do you want to participate in this short-term mission? \_\_\_\_\_

Please check the box which best describes your level of spiritual maturity:

Exploring Faith       Growing My Faith       Living Passionately       Making a Difference

What are you trusting God to do in you as a result of this mission? \_\_\_\_\_

What long-term results (both personal and ministry) do you see coming from this experience? \_\_\_\_\_

What do you see your role to be on this mission team? (Example: learner, prayer support, teacher, etc.)  
\_\_\_\_\_

How does your anticipated short-term ministry complement your career plans or personal goals? \_\_\_\_\_

What is your level of interest in choosing missions as a possible career? \_\_\_\_\_

Are you willing and able to participate in all team-building and training events over the next few months?  
\_\_\_\_\_

Will you covenant to be a team player rather than an independent operator of this mission, submitting to the team leadership and the needs of the group over your own? \_\_\_\_\_

### ***References:***

Please select two people in your life who meet the following criteria to be a reference for you:

- Has known your spiritual walk during the three months prior to date of reference
- Is not your relative or a fiancé(e)
- Is not a member of the same household as your other reference

Please have each of them submit the confidential reference form directly to the church as soon as possible. Your mission team leader will provide a deadline.

**CONFIDENTIAL MEDICAL HISTORY INFORMATION**

*This information will help us work with you in preparation for the mission. It will be kept confidential between you and mission leadership unless needed in an emergency situation.*

Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Blood Type: \_\_\_\_\_

Please indicate your current health status (select one):  Excellent  Good  Fair  Poor

If fair or poor, please elaborate.

\_\_\_\_\_

Are you able to carry your own 50-lb. suitcase and carry-on bag, walk up to 5 miles daily on hard surfaces and climb steep staircases with your luggage and/or backpack?  Yes  No

If no, please elaborate.

\_\_\_\_\_

Do you require any medical accommodations such as refrigeration for medications, electrical outlets for equipment, etc?

\_\_\_\_\_

Allergies to Medications: \_\_\_\_\_

Food Allergies: \_\_\_\_\_

Will these allergies or any other illnesses or health problems affect your participation? \_\_\_\_\_

Current Medications (please list all prescription, over-the-counter & supplements):

Medication	Dose/Strength	How often?

Please provide a brief list/description of any surgeries you have had: \_\_\_\_\_

Physician's Name and Phone Number: \_\_\_\_\_

Do you have medical insurance that covers you outside of the USA?  Yes  No

If so, please provide the company name and policy number:

\_\_\_\_\_