

Office Use. Revised 8/23	
Date Received	
Approved Y N Gift Amount	
Acct #	

Short Term Serve Trip Application

Submit to a Magnify Church office

Thank you for your interest in short-term missions. To help us get to know you better, please fill out this application. Each person requesting financial assistance is required to fill out this form. Some information will not be applicable to minors. Please print clearly. This application should be turned into a Magnify Church office at least 1 month prior to your trip.

GENERAL INFORMATION		
Name Date of Birth (m/d/y)		
Address		
City/State/Zip		
Phone		
Email		
Marital Status (circle) Single / Married /Widow		
SHORT-TERM TRIP INFORMATION		
Where are you going?		
Dates of your trip?		
What is the purpose of your trip?		
Why do you want to be a part of this trip?		
How will you personally be serving on this trip and what are your responsibilities?		
What spiritual gifts do you bring to this trip		

What other skills/training/education do you bring to this trip (languages, hobbies, etc)?	
Trip Leader Name & Phone	
Mission Agency Name	
Do you commit yourself to the process of training & preparation for your trip and/or your team and to be a posibefore and during the trip.	tive participant
What other mission trips have you been part of? When, location, responsibilities.	

CHURCH INFORMATION		
Are you a Magnify Church member or regular attender (circle)?		
If not, name/location of home church.		
Which Magnify Church pastor or church leader has most closely observed your life and ministry?		
List your current and previous ministry involvement at Magnify Church, or other not for profit. Include length of time.		
OTHER DETAILS		
If children 12 and under are traveling with you list their names and date of birth		
Emergency Contact Name, Phone & Relationship		
Do you have any health issues that may interfere with this trip (allergies, medical restrictions, special diet)? If yes, please list.		
Have you ever been convicted of a felony? Convicted of child abuse or any sexual offense?		

SPRITUAL INFORMATION Briefly explain how you came to know Christ as your Savior and If someone asked you how they could become a Christian, what Lord and discuss your spiritual growth. would you share with them? - What was your life like prior to you coming to know the Lord? - What brought you to the decision to follow Him? - How has your life changed since accepting Christ as your Savior? Is there other information you would like to share about your trip?

List any major hurdles or concerns regarding your trip (finances, family support, relationships, fear, etc)?

REFERENCES

Please list three references who have known you at least one year. At least one should be a pastor/ministry leader.

Name	
Relationship	
Phone	
Email	
Name	
	-
Relationship	
Phone	
Email	
	-
Name	
Relationship	
Phone	
Email	

FUNDRAISING If you are not seeking financial assistance for your trip you may skip this section.		
Our policy is to financially assist and give priority to members and faithfully with their time, talent and treasures.	or regular attenders who support Magnify Church ministries	
Do you faithfully support Magnify Church financially through tithes	and offerings? Y N I give but, inconsistently	
Trip cost, include all your known expenses.		
How much of the cost do you personally plan to contribute?		
How do you plan to raise the rest of the support?		
If Magnify Church financially supports you, who should the check b	e made payable to and where should the check be sent?	
Do you have any questions about the trip?		
Applicant's Signature(s)	Date	

Please return this completed application to any Magnify church office.