



Maranatha Chapel  
10752 Coastwood Road  
San Diego, CA 92127  
(858) 613-7800 x158

## Confidential Missionary Application

Submit this application with a photo/headshot of yourself on or before March 4<sup>th</sup>, 2007  
Cost of this trip to Africa is \$ 2,800.00 plus necessary vaccinations

Please Note: If married/engaged, both husband and wife or fiancé are to complete a separate application.

**Type or print your name as it appears on your passport. This is what we will use to purchase your airline ticket so it needs to be exact.**

Mr. Mrs. Miss. \_\_\_\_\_  
Name as it appears on your passport

Present Address: \_\_\_\_\_  
Street number and name

\_\_\_\_\_ City State Zip

Current Phone Numbers: Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_

Other ( ) \_\_\_\_\_ ( ) \_\_\_\_\_ Occupation: \_\_\_\_\_

Email: \_\_\_\_\_ Work Hours: \_\_\_\_\_

**Name of person to be notified in case of an accident or emergency: *Print Clearly Please***

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

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

Phone: \_\_\_\_\_ Secondary number: \_\_\_\_\_

Your Date of Birth: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Adult T-Shirt size: \_\_\_\_\_

Driver's license number: \_\_\_\_\_ State: \_\_\_\_\_ Expires \_\_\_\_\_

Passport number \_\_\_\_\_ Issued from: \_\_\_\_\_

Expiration date: \_\_\_\_\_

**If your passport will expire within 6 months of the time of travel you MUST renew it**

Photocopy your driver's license (cut it down to actual size) and attach it to the left hand corner of this page. If you do not have a driver's license attach a current photo of yourself.

**MARITAL STATUS**

A. \_\_\_ Single \_\_\_ Engaged \_\_\_ Married \_\_\_ Widowed

B. Give full name of your spouse or fiancé: \_\_\_\_\_

Name of Children/dependents	Date of Birth	Sex	School Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**HOME CHURCH INFORMATION**

Church name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Provide the name of a pastor or leader as a reference: \_\_\_\_\_

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

**BRIEFLY STATE YOUR BELIEFS ON THE FOLLOWING:**

This is not a test of your Bible knowledge, but we do want to know what you believe regarding some essential Christian doctrines. (Answer on a separate sheet of paper.)

- A. Please write a short description of your conversion to Christianity.
- B. What is salvation and how is it obtained?
- C. How would you explain who Jesus Christ is?
- D. What is the Trinity?
- E. Please describe what the inerrancy of Scripture means.
- F. What is the significance of water baptism?
- G. What is the role of the local church?
- H. What is the baptism of the Holy Spirit?

**YOUR CALL:**

On a separate sheet of paper, please tell us why you feel called to serve, where you feel called to serve, and how you envision yourself serving.

## HEALTH

**Maranatha Chapel is requesting this information in order to help us assess your physical condition and medical needs. Maranatha Chapel does not provide health insurance for individuals going on short-term trips and assumes no liability for injuries sustained on the field. We will however discuss during training how you can obtain international travel insurance on your own.**

1. Describe your general health and physical fitness. \_\_\_\_\_  
\_\_\_\_\_
2. During this trip, you may be required to do some physical activity, such as walking a mountain trail. Do you feel you will be able to do this? \_\_\_\_ Yes \_\_\_\_ No. Explain. \_\_\_\_\_  
\_\_\_\_\_
3. Do you have any physical condition that may limit your ability to perform the ministry for which you have applied? \_\_\_\_ Yes \_\_\_\_ No. If so, please explain. \_\_\_\_\_  
\_\_\_\_\_
4. Has a doctor prescribed you medicine in the last six months? \_\_\_\_ Yes \_\_\_\_ No  
If Yes, which medicine? \_\_\_\_\_
5. Are you presently under medication prescribed by a physician? \_\_\_\_ Yes \_\_\_\_ No.
6. If yes, please list: \_\_\_\_\_
7. List any chronic diseases you have: \_\_\_\_\_
8. Do you require any special diet or are you allergic to any kind of food? \_\_\_\_\_  
\_\_\_\_\_
9. Do you suffer from a weak stomach or motion sickness? \_\_\_\_\_
10. Have you ever been treated for a nervous, mental, or emotional disorder? \_\_\_\_ Yes \_\_\_\_ No  
If yes, what was/is the nature of the disorder? \_\_\_\_\_
11. If you have recently been under a doctor's care, do you now have a medical release for the mission field? \_\_\_\_ Yes \_\_\_\_ No. (Explain) \_\_\_\_\_  
\_\_\_\_\_
12. Are you allergic to any medications? If so, specify: \_\_\_\_\_
13. If you are working in any part of Uganda, Sudan, or Kenya, you are required to be on Malaria prophylaxis medications. This should be started a week before your travel to the mission field. We highly recommend that you avoid Lariam (Mefloquine) as it has neuropsychiatric side effects. What malaria medication will you be taking? \_\_\_\_\_  
What are its possible side effects? \_\_\_\_\_

I agree to take malaria medication if accepted to go on this mission trip. **Initial here** \_\_\_\_\_

**This is page 1 of 2 on Medical Information**

**PLEASE CHECK OFF IF YOU SUFFER FROM ANY OF THE FOLLOWING:**

- Asthma
- Server food allergies \_\_\_\_\_  
EXPLAIN
- Diabetes
- High blood pressure
- Neuro-muscular disorder
- Arthritis
- Allergies: be sure to specify intensity – ie if you require an epi-pen \_\_\_\_\_  
\_\_\_\_\_
- Heart disease
- Kidney disease
- Lung disease
- Epilepsy
- Psychological illness: \_\_\_\_\_  
EXPLAIN
- Other: \_\_\_\_\_  
EXPLAIN

**List any medications you may be taking while on the field and any side effects that may accompany those medications:**

_____	_____
MEDICATION	SIDE EFFECT
_____	_____
MEDICATION	SIDE EFFECT
_____	_____
MEDICATION	SIDE EFFECT
_____	_____
MEDICATION	SIDE EFFECT

If you require any medications or other personal items such as contact lens solutions, etc. you must bring them with you on your trip. Prescriptions **MUST** accompany a doctor’s note to ensure no confusion while entering a foreign country.

I understand that the medication I require may not be available in Africa. **Initial here** \_\_\_\_\_

**I have answered the above medical information to the best of my knowledge honestly and with a clear conscious.**

Applicant’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**I have reviewed the above medical application filled out by \_\_\_\_\_(person traveling) and as \_\_\_\_\_’s (person traveling) physician, I recommend that he/she is fit / is not fit (please circle the one that applies) to travel overseas.**

Physician’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician’s Phone number: \_\_\_\_\_

**ANSWER THE FOLLOWING QUESTIONS AS COMPLETE AS POSSIBLE**  
**(Use a separate sheet if necessary)**

1. To what extent have you studied this country including the people and culture?

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2. Have you ever traveled outside of the United States before? If yes, when and where?

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3. Please indicate which of the following you have enjoyed doing or which interests you. *Not having experience in these areas will not omit you from being accepted on this trip.*

\_\_\_ **Children's Ministry:** explain any type of involvement you have had

Experience: \_\_\_\_\_

\_\_\_ **Youth Ministry:** explain topics you have taught; i.e. purity and/or bible studies, etc.

Experience: \_\_\_\_\_

\_\_\_ **Ministry Leadership Training**

Experience: \_\_\_\_\_

\_\_\_ **Home Bible Studies:** *Brief description*

Experience: \_\_\_\_\_

\_\_\_ **Evangelistic Outreach**

Experience: \_\_\_\_\_

\_\_\_ **Music and/or Drama**

Experience: \_\_\_\_\_

\_\_\_ **Marriage Mentoring *and/or* Teaching of Biblical Principles**

Experience: \_\_\_\_\_

\_\_\_ **Teaching Bible Studies to Men *and/or* Women**

Experience: \_\_\_\_\_

\_\_\_ **Other**

Experience: \_\_\_\_\_

**SPECIAL SKILLS AND EXPERIENCE IN** (check all that apply)

\_\_\_ Construction

\_\_\_ Plumbing

\_\_\_ Photography

\_\_\_ Administrative

\_\_\_ Electrical Ability

\_\_\_ High School

\_\_\_ Prayer Ministry

\_\_\_ Journalism

\_\_\_ Jr. High

\_\_\_ Nursery Care (babies)

\_\_\_ Teacher

\_\_\_ Sunday School

\_\_\_ Carpentry

\_\_\_ Led Home fellowship

\_\_\_ Painting

\_\_\_ Athletic/Coaching: \_\_\_\_\_

\_\_\_ Medical Skills: \_\_\_\_\_

\_\_\_ Discipleship (specify): \_\_\_\_\_

\_\_\_ Other (specify): \_\_\_\_\_

4. What languages do you speak other than English? \_\_\_\_\_
5. What are the gifts you feel the Lord has given you? (Explain) \_\_\_\_\_  
\_\_\_\_\_
6. Do you work better alone, with one other person, or with a team? \_\_\_\_\_
7. Have you ever spoken in front of a group? If so, when and where? \_\_\_\_\_
8. Have you ever led worship or taught a Bible study? (Explain) \_\_\_\_\_  
\_\_\_\_\_
9. Have you ever been involved with any other type of outreach or ministry? If so, when and where? \_\_\_\_\_
10. Are you currently doing any kind of ministry? \_\_\_\_ Yes \_\_\_\_ No. If Yes, what kind?  
\_\_\_\_\_
11. Are you afraid to fly in an airplane? \_\_\_\_ Not at all \_\_\_\_ A little \_\_\_\_ Yes
12. Are you more comfortable ministering in the city, suburbs, rural areas or areas where you have to “rough it”? \_\_\_\_\_
13. How well do you react under pressure? (Explain) \_\_\_\_\_  
\_\_\_\_\_
14. Do you follow instructions well? (Explain) \_\_\_\_\_  
\_\_\_\_\_
15. Do you get along well with people in close contact? \_\_\_\_\_
16. Do you understand that even though this will be one of the most memorable experiences of your life, that it is NOT a vacation? \_\_\_\_ Yes \_\_\_\_ No

I have answered every question on this application to the best of my knowledge honestly and with a clear conscience. I am aware that if accepted, I am responsible to raise whatever financial support is necessary to fund this short term trip.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Sign as your name appears on the first page of this application

PLEASE NOTE: We cannot promise any applicant what team and location they will be on out of the three locations mention in the cover letter ... if you would like to give us your preference below, we will take that under consideration when reviewing your application. *Thank you ~*

\_\_\_\_\_  
**Kampala/Kitgum OR Entebbe OR Nairobi**

\_\_\_\_\_  
**The reason I choose this location is ...**

<b>REFERENCES</b>
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Please list the name and phone number of three individuals that could give a reference on your behalf. These individuals should be those who have known you well for at least one year. Your application cannot be considered without them. Individuals who are related to you by blood should **not** be on this reference list.

1.	<i>Name</i>	<i>Phone #</i>	<i>How do you know each other?</i>
2.	<i>Name</i>	<i>Phone #</i>	<i>How do you know each other?</i>
3.	<i>Name</i>	<i>Phone #</i>	<i>How do you know each other?</i>

<b>APPLICATION CHECKLIST</b>
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PLEASE NOTE

If accepted on this mission trip to travel to Africa, we will need a four color passport style photo so that we can begin processing your travel permit into Africa. Without this permit you will **not** be allowed to travel to another country. We are accepting your word that you will have proper travel documents, shots and any necessary paper work for this trip. Maranatha Chapel and/or Far Reaching Ministry is not liable for any fees that would come to pass if you did not obtain this information within six weeks before the team departs on June 24<sup>th</sup>, 2007.

**SHOTS:** To inquire about the necessary shots you are responsible to have before departure we recommend you contact your physician. Inform them you will be traveling to either Nairobi in Kenya or Kitgum and Kampala in Uganda. ***Please do not call us for the specific shot requirements, we cannot inform you to the degree needed as could a professional trained in this area.***

Have you...

- Completely filled out the application in the manner requested?
- Have you had a doctor sign you as “fit” for this trip? (Page 4)
- Filled out the section with your references? (see page 7)
- Attached the requested photo and/or copy of your driver’s license?
- Signed and/or initialed and dated this application on pages 3, 4, 6, & 8?

After we receive your completed application (no later than March 4<sup>th</sup>) you will be contacted by the mission’s pastor via letter by the end of March 2007. Please know that we take each application with much prayerful consideration, the mission’s pastor & team leaders will make tough choices by the needs of the planned outreaches in Africa.

**Thank you for your interest in serving God through Maranatha Chapel & Far Reaching Ministries, may He bless and direct you in all that you do!**

**CONSENT AND RELEASE TO USE  
PHOTO, VIDEO AND/OR AUDIO FOOTAGE**

I hereby grant permission to Far Reaching Ministries (FRM) and Maranatha Chapel and those acting under its direction, to copy, use, publish, display, produce, duplicate and/or distribute the photographic, video and/or sound recordings of me. I further grant permission to FRM and/or Maranatha Chapel to use segments or portions of the photographic, video, and/or sound recordings of me for announcements, informational film clips, web clips and/or other uses they deem necessary to provide information, advertisement and/or publicity for Far Reaching Ministries and Maranatha Chapel and their ministry efforts. (Examples of this include, but are not limited to, web site postings, newsprint/magazine ads, newsletters, brochures, postcards, invitations, program covers, outdoor banners, signs, marquee posters, correspondence, informational or promotional videos and video clips for website.) This release is a donation to FRM and/or Maranatha Chapel ministries and I do not expect any compensation in return for the grant of use per this consent. Further, FRM and Maranatha Chapel has not advised as to the value of said donation, nor whether or not said donation is tax deductible. While FRM and/or Maranatha Chapel will acknowledge receipt of this material/donation, I personally assume any and all responsibility/liability should I seek to deduct this donation from my income taxes.

I hereby further grant permission for FRM and/or Maranatha Chapel the right to use any photos, (digital or negative) and/or video and audio that I have obtained during my mission trip(s) and I agree to supply to these photos, videos and audio to FRM and/or Maranatha Chapel in a timely manner. I understand that Far Reaching Ministries and/or Maranatha Chapel will use this media content that I provide for the same purposes mentioned herein above.

**Release and Consent for Adult Participant (over age 18)**

Print Name \_\_\_\_\_ Signature \_\_\_\_\_

Address \_\_\_\_\_

Phone# \_\_\_\_\_

**Release and Consent for Minor Participant (under age 18)**

I, the parent and/or legal guardian of, \_\_\_\_\_ consent and grant  
permission to all the foregoing.

**Signature** of Parent/and or legal guardian \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Alternate # \_\_\_\_\_