



Global Outreach Journey Application

Personal Information:

Date received: _____

Full Name: (Please print in block letters)

Gender:

Male Female

First

Middle

Last

Street Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Home Phone: _____ **Work Phone:** _____ **Cell Phone:** _____

Email Address: _____ **Date of Birth:** Month____ Day____ Year____

Country of Citizenship: _____ **Country of Birth:** _____

Do you have a passport? Yes No **Passport Number:** _____

Passport Date Issued: _____ **Passport Expiration Date:** _____

Marital Status: Single Separated Engaged Annulled
Married Divorced Widowed Divorced/Remarried

Spouse's Full Name: _____
First Middle Last

Is your spouse supportive of your applying for this trip? Yes No *If no, please explain on the back.*
Are other members of your family accompanying you on this trip? Yes No *If yes, explain on the back.*

Emergency Contact:

_____ **Relationship:** _____
First Middle Last

Street Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Home Phone: _____ **Work Phone:** _____ **Date of Birth:** Month____ Day____ Year____

Medical Information:

How would you describe your present health? Excellent Good Average Poor

Please explain any major illnesses you have had in the last five years: _____

Please list any medications you are currently taking: _____

Name of primary physician: _____

Are you presently under the care of a physician? Yes No *If yes, please explain.*
Do you have travel insurance for this trip? Yes No

General Information:

Mission Trip: _____

Dates: _____

- Southside Fellowship GO Journey
 Other - Where support should be sent:

If **not** a Southside GO Journey, please fill out the following:

Organization _____

Address _____ City _____ State ____ Zip _____

What are the dates of the project? _____
 Please describe the ministry you will have on the field.

Financial Information:

Project cost: _____

Travel cost: _____

Medical insurance: _____

Total support to date: _____

Support due by: _____

Do you speak any foreign languages? Yes No *If yes, please list them and your proficiency.*

Describe skills and talents that you feel may be helpful on the field.

List previous mission's experience: *(Country, Church/Mission Organization, Date of Project, Ministry)***Church Involvement:**Are you a member of Southside Fellowship? Yes No

If yes, for how long? _____

Are you currently part of a Community Group or Adult Bible Fellowship? __Yes __No

If yes, who is the leader of the group/ABF? _____

If not, what church are you a member of? _____

Motivation:

Please explain briefly what you hope to see the Lord do in and through you on this mission project and explain why you want to participate. (Please use other side if needed)

References:

Please provide two references. One should be a ministry leader with whom you have served. The other reference should be someone who knows your ministry abilities as well as your strengths and weaknesses.

Name: _____
Relationship: _____
Address: _____
City: _____
State: _____ Zip: _____
Home phone: _____
Work phone: _____

Name: _____
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State: _____ Zip: _____
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For all Southside Fellowship GO Journey and Other Short-term Project Applicants:

If selected to be a part of a Southside Fellowship Team, I make a commitment to:

- Go through the training process prior to departure and after I return from the trip.
 - To conduct myself in a manner worthy of the Lord while serving Him on the project.
 - Submit to the team leaders and host on-the-field's authority.
 - Refrain from any behavior, which may compromise my witness (i.e.: abusive language, drug use, etc.).
- Additionally, if at any time while on the project my behavior constitutes a problem, the team leader has the authority to ask me to return home. Any additional costs incurred as a result of this action will be at my cost.

*Please indicate if you would like to be considered for financial assistance by the Global Outreach Team.

**The Global Outreach Team will request a short written or oral summary of your trip when you return.*

Signature of applicant: _____