



Partners in Evangelism International APPLICATION FOR SHORT TERM SERVICE

Where / When _____

1. PERSONAL DATA

DATE: _____

Name:	First:	Last	M.I.
Address:		City:	State: Zip
Phone #	Home	Cell	Work
E-mail:	1.		
Passport Type:	No:	Place of Issue:	Date of Issue:
	Exp. Date:	Citizenship	
Insurance:	Company:	Policy #	
Type:	Primary Holder:	ID #	
Insurance:	Company:	Policy #	
Type:	Primary Holder:	ID #	
	International Coverage:		
If you are under 18 years of age, are your parents willing for you to serve on this summer short-term mission trip?			
Yes: _____ No: _____ If no, explain:			
Is there any reason why you cannot engage in vigorous outdoor activities?			
If yes, please explain on a separate sheet.			
Do you use tobacco, alcohol, or drugs in any form?			
Explain:			
Are you taking any over the counter or prescription medication?			
No: _____ Yes: _____ Reason:			
Please attach a recent medical release from your primary physician in order to participate on this trip. Indicate any restrictions or medical considerations.			

2. CHURCH INFORMATION

Church Name:	Membership:
Address:	State Zip
Phone #:	Contact Person:
How long have you been a Christian?	
In what church activities are you presently involved?	
In what church activities have you participated in the past?	

3. PERSONAL PREPARATION

Do you speak any foreign languages?	
Have you ever been overseas before, in any	Explain:

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capacity?			
Have you ever had any cross-cultural experience?		Describe:	
Do you think that you could make a special contribution to the ministry on this mission trip?		How?	
Indicate areas of skills/abilities/gifts that you have and would be able to use on this trip:			
Music:		Speaking:	
Singing: Solo Group		Evangelism:	
Instruments:		Preaching:	
Music Leader:		Youth:	
Children's Songs:		Children:	
Photography:		Drama:	
First Aid:		Other:	

Explain what you are presently doing to maintain a time of devotions (Bible study and prayer) to continue your relationship with Christ for your own personal strength and guidance:	
Are you willing to work under the direction of missionaries and national pastors, to accept and to perform any and all assignments willingly?	
Are you willing to conform to the lifestyle standards of the local church leaders, even if these standards are stricter than your own?	
What mission books or periodicals have you recently read?	
Do you have any training for youth / children's ministry?	

4. CHURCH RECOMMENDATION AND APPROVAL

I the undersigned do hereby recommend that :

will be allowed to participate in a Partner in Evangelism International Mission Project. I agree to pray for and encourage this person in every way possible.

Position:

Comments:

Signature:

Date:

5. AGREEMENT

If accepted, I will complete any and all training requirements before the mission project. I will wholeheartedly submit to any regulations, and fully cooperate with the leaders in charge of this project.

Applicant's Signature:

Date:

RELEASE OF LIABILITY

1. I, _____, the undersigned, will be involved in a voluntary mission program in _____ (location) from _____ to _____

2 Partners in Evangelism International 5518 W. Diversey Avenue Chicago, Illinois 60639 Phone # 773-202-8500

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(dates); inherent in travel and service, especially to an unfamiliar environment, are risks of injury to both person and property.

2. I understand that, by my participating in the ministry of Partners in Evangelism, Int. I am indicating my acceptance of these risks.
3. I understand that I am responsible for providing medical, accident, and travel insurance while participating in any program of Partners in Evangelism, Int.
4. I further understand that as a participant in this voluntary program, I will be completely responsible for arranging for my own financial support during the term of this program.
5. I do hereby release Partners in Evangelism, Int. from any and all financial, medical, legal or other liabilities and responsibilities sustained by me, or claimed for me, as a result of my participation in the above-described voluntary mission program.
6. I, _____, have read this Release and fully understand its terms, and do therefore sign this release this _____ day of _____, _____.

Signature of Applicant: _____

Signature of parent/legal guardian: _____ Relationship to Applicant: _____

(if applicant is under 18 years of age, and not accompanied by parent/legal guardian.)

THIS FORM MUST BE COMPLETED, SIGNED, & RETURNED TO PARTNERS IN EVANGELISM / TEAM LEADER PRIOR TO DEPARTURE TO DESTINATION SERVICE

Temporary International health / travel insurance can be purchased at extra cost

Travel Guard International: www.travelguard.com for the duration of the trip; several options are available;
or

PIE Travel / Health Insurance: contact your PIE team leader
PIE Team Leader / Partnership Committee to contact Mark Schellenberg at 309-676-8001
E-mail: markschellenberg@ameritech.net

Please complete this application, and have it approved by your church pastor / missions' director, and then submit it to your PIEI representative.

PIEI Office Only: