



Vision For Children – Chile Short-Term Mission Application

Trip Departure Date (Month/Year): _____

Part A – Contact & Travel Information

Name (as it does or will appear on your passport): _____

Residence: _____ Phone: _____

City, State, Zip: _____ Cell: _____

Mailing Address (if different than residence): _____

City, State, Zip: _____ DOB: _____

E-Mail Address: _____ Male: ___ Female: ___

Emergency Contact Name: _____ Relationship: _____

Emergency Contact Phone: _____ T-Shirt Size: _____

Airport (name of airport you would like to depart from): _____

Home Church Name: _____ Denomination: _____

Church Address: _____

City, State Zip: _____

Pastor's Name: _____ Phone: _____ E-Mail: _____

Part B – Experience (if you have traveled with VFC within the past 36 months you may skip to Part C)

Prior Mission Trips (list countries, dates and purpose of all previous short term mission trips): _____

Skills/Talents (music, teaching, drama, carpentry, plumbing, etc.): _____

Professional Certifications/Field: _____

Speak Spanish?: Yes: ___ No: ___ If Yes, state level of proficiency: _____

Personal Involvement or Responsibility in home church: _____

Have you had training in Evangelism or Discipleship? (if so, what): _____

Provide a brief personal testimony and personal profile (attach additional sheet if necessary): _____

State the reasons you wish to participate in this short term mission trip: _____

Part C – Agreement

Vision For Children - Chile is an independent short term mission project and, although not directly commissioned by the Christian & Missionary Alliance, is affiliated with them and works through the C&MA in Chile. Therefore, Vision For Children - Chile requests the following agreement be signed by each volunteer in accordance with the C&MA Short-Term Missions Office:

I will not use any alcohol, tobacco, or illegal drugs on this trip. I understand that I can be sent home from the short-term mission trip, at my own expense, for behavior unbecoming of a Christian witness. I also understand that any funds left in my individual or team account after all expenses are paid will be retained by Vision For Children - Chile to be used for future and continuing projects at their discretion.

In signing this application I give Vision For Children - Chile the permission to perform a background check on me and/or conduct a telephone interview with me.

Applicant's Signature: _____ **Date:** _____

Pastoral Recommendation:

I whole-heartedly affirm that the above person is spiritually and, to the best of my knowledge and belief, mentally and physically equipped to serve on this short-term mission trip.

Pastor's Signature: _____ **Date:** _____