

Go Teach Ministry Mission Application

Mail completed form with \$100 deposit to:

Go Teach Ministry, Inc.
PO Box 956
Hudson, NC 28638

NOTE: If this is your first trip with Go Teach Ministry, please submit a recent photo of yourself and two letters of recommendation – preferably from your pastor and your employer. Mail the letters, this form, and the \$100 deposit to the address shown above.

Please Print

Full Name _____ Age _____ Sex _____

Mailing Address _____

City _____ State _____ ZIP _____

Home # _____ Business # _____

Cell # _____ Email _____

Date & Place of Birth _____

Marital Status (check one) Married _____ Single _____ Divorced _____

Occupation _____

Emergency Contact _____ Phone/Cell _____

If you do attend church, where? _____

Pastor's Name & Phone Number _____

Do you have a valid passport? Yes _____ No _____

Have you ever been on a missionary trip before? Yes _____ No _____

Have you ever been on a trip to a foreign country? Yes _____ No _____

If so, what country and with whom? _____

Check the areas of work/ministry that you would be interested in helping (you may check more than one):

Evangelical Services _____ Building/Carpentry _____ Bible Teaching _____

Youth Ministry _____ Feeding Poor _____ Clothing _____ Orphanage _____

Medical Clinic _____ Dental Clinic _____ Wherever Needed _____

Do you have difficulty in submitting to leadership, men's or women's?

Yes _____ No _____

If so, why? _____

Are you willing to work hard and be a team player? Yes ____ No _____

When things don't go as planned do you get upset? Yes _____ No _____

Do you have or have you ever been under a doctor's care for heart problems, diabetes, breathing problems, difficulty in walking, back problems, or any other serious illness?

Yes __ No _____

If so, explain: _____

Are you currently taking prescription medicine? Yes _____ No _____

If so, for what? _____

I am enclosing a \$100 check ____ cash _____ money order ____ for my deposit. I understand this money is non-refundable and it will be applied to my total cost when all money is raised and all requirements are met.

Signature _____ Date _____

Print Name _____