

# 1 Missions Trip to Trinidad & Tobago | Registration Form

## PERSONAL INFORMATION

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Preferred Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Fusion/LOFT/Other \_\_\_\_\_ Social Security Number \_\_\_\_\_

Are you a U.S. citizen? \_\_\_\_\_ If not, country of origin \_\_\_\_\_

## PASSPORT INFORMATION

Do You Have a passport? Yes No

Passport Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Name as it appears on passport \_\_\_\_\_

**\*If you do not currently have a passport, we recommend that you apply for one within three months of the trip.**

## LOCAL ADDRESS CONTACT INFORMATION

Address \_\_\_\_\_ City/State \_\_\_\_\_ ZIP \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Cell Phone Number \_\_\_\_\_

Secondary Phone Number \_\_\_\_\_

HOME/PERMANENT INFORMATION (if different from Local)

Mailing Address \_\_\_\_\_

Home Phone Number \_\_\_\_\_

## CHURCH INFORMATION

Local Church \_\_\_\_\_

Pastor's Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Home Church (if different from Local) \_\_\_\_\_

Pastor's Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Years Attending \_\_\_\_\_



## 2 Missions Trip to Trinidad & Tobago | Registration Form

### EMERGENCY CONTACT INFORMATION

Please provide two emergency contacts

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

Primary Phone Number \_\_\_\_\_ Secondary Phone Number \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

Primary Phone Number \_\_\_\_\_ Secondary Phone Number \_\_\_\_\_

E-Mail Address \_\_\_\_\_

**Any Ailments, Allergies or other Health related conditions**

\_\_\_\_\_

\_\_\_\_\_

### REFERENCES

Please provide two personal/professional references.

You must also have the references complete a reference form for you and submit it electronically or by mailing it to the address on the form.

Name \_\_\_\_\_

Nature of Relationship \_\_\_\_\_ Years known \_\_\_\_\_

E-mail Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Name \_\_\_\_\_

Nature of Relationship \_\_\_\_\_ Years known \_\_\_\_\_

E-mail Address \_\_\_\_\_

Phone Number \_\_\_\_\_



# 3 Missions Trip to Trinidad & Tobago | Registration Form

Please answer the following questions briefly.

1. With what inclination do you intend on going on this missions trip?

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2. Describe an experience you have had working on a team. The dynamic, any problems or highlights.

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3. A. Do you give the Bible time to speak to you everyday? \_\_\_\_\_  
B. Are you enjoying prayer? \_\_\_\_\_

4. Do you know at least 10 people you can send a letter to asking for support (prayer/monetary)?

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5. How do your parents feel about your participating in this trip (If under the age of 18)?

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6. What are your areas of interests in ministry? (Circle top 3)

- |                       |              |                          |
|-----------------------|--------------|--------------------------|
| Prison                | Construction | Pregnant & Other Women's |
| Vacation Bible School | Orphan       | School                   |
| Rehabilitation        | Sports       | Church Planting          |

Why did you pick those three?

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## 4 Missions Trip to Trinidad & Tobago | Registration Form

7. What are some prayer requests you have about doing missions?

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8. Read Exodus 24. How do you think this passage relates to short-term missions? How does it minister to you personally?

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**CONTACT**

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*info@loftworship.com*  
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Deposit
Application Reviewed
Pastor's Approval
References Checked
Valid Passport
Copy of Passport
Photos for Visa
Visa Application
Training Session