



MISSION TRIP APPLICATION

**Must be completed to be eligible for a short term mission trip with Kingdom Connections International.

GENERAL INFORMATION

Name (exactly as it appears on your passport): _____

Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Email: _____

Do you speak Spanish? _____

Are you interested in possibly teaching? _____

If yes, have you ever taught or preached before? _____

Trip Date Interested In: _____

EMERGENCY CONTACT INFORMATION

Emergency Contact Name: _____ Relationship: _____

Email address _____ Phone No.: _____

Have you previously traveled with Kingdom Connections Ministry? Yes No

MEDICAL/INSURANCE INFORMATION

Do you have any health problems/physical disability? Yes No If so, please describe: _____

Please list any allergies to food, medicine, etc.: _____

Do you require a specific diet while on the trip? _____

Do you smoke? _____

CHURCH/MINISTRY INFORMATION

Church Name: _____

Do you attend church regularly? Yes No

What do you believe are your spiritual giftings? _____

I, _____, declare that the information provided by me in this application is true, correct, and complete to the best of my knowledge. I authorize Kingdom Connections International to verify any and all information provided above.

Signed: X _____ Date ____/____/____