

# TRIP APPLICATION FOR 2017

## GPA Mobilization Ministries

FULL NAME \_\_\_\_\_  
(first) (middle) (last)

Date of Birth \_\_\_\_\_ Passport Number \_\_\_\_\_ Exp Date \_\_\_\_\_

Home Address \_\_\_\_\_  
(street/box) (city) (state) (zip)

Phone \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

Church \_\_\_\_\_

Church Address \_\_\_\_\_

Pastor's Name \_\_\_\_\_ Phone# \_\_\_\_\_

How often do you attend church? \_\_\_\_ once a week \_\_\_\_ twice a week \_\_\_\_ three times

Do you have devotions regularly on your own? \_\_\_\_\_

Please list the type of Christian service you have been involved in, such as preaching, Sunday school teacher, VBS, youth work, singing, playing musical instrument, sign language, etc. **Be thorough.**

\_\_\_\_\_  
\_\_\_\_\_

Pastor Recommendation. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Tell why you would like to go on this mission trip. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

List any medical problems you have. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Medical Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Liability Waiver:

I understand that GPA Mobilization Ministries is not responsible for accident, injury, illness or emergency transportation back to the United States during the course of this trip. I have contacted my health insurance company and have coverage in the country or countries we will be traveling in; or I have taken traveler's assistance insurance to cover accident, injury, illness or emergency transportation back to the United States in the event of such need.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**Important Notes:**

- 1) An application fee of \$100.00 is required with this application. This fee is not refundable after 30 days.
- 2) A letter of recommendation from your Pastor is also required.

**THE "AGREE-ABILITY" AGREEMENT**

If accepted on this trip, I will commit myself to prepare spiritually for the task ahead. I will spend time in prayer and study the materials sent to me. I will not criticize the leaders, other youth missionaries, the culture, or the people to whom we will be trying to minister. I further agree to obey all rules and instructions given me by the leaders and to conduct myself in a Christ-like manner.

Signature of short term missionary \_\_\_\_\_ Date \_\_\_\_\_

Please note that all trip itineraries are subject to change or cancellation due to political instability in that host country. Also note that the price of the trip is subject to change due to unforeseen airline price changes.

If you do not live close to an International Airport that is in one of our departure cities, there will probably be some additional cost. In order to keep the cost of the trip as affordable and fair as possible, prices are determined as originating from certain cities around the country. We try to set prices starting at the airport from where most of the people are traveling. If you are not in one of these cities we will be in contact with you as soon as possible to discuss your options. The cost of the trip includes airfare from the departure city, food, lodging and transportation in the host country. **You are responsible to get to the departure city.**

- 4) Make checks payable to: **GPA Missions**  
Write your name in the memo

Please note that if you decide to cancel, money is refundable until 65 days before the departure date of the trip

Mailing Address: GPA Mobilization Ministries  
PO Box 520  
Oxford, PA 19363

- 5) We will send regular statements keeping you informed as to how much money we have received and the total of the unpaid balance.
- 6) If you are accepted on this trip you will receive a WELCOME PACKET. It will include helpful information to prepare you for the mission. Part of the information included will help you to write a good support letter for raising the necessary finances for the trip. A couple of weeks before the date of the trip I will send you a T-shirt. When everyone wears their group shirt it makes it easier for us to identify each other in the airports.

The T- shirts are unisex sizes. Circle the size you think you may need!!!

SMALL.....MEDIUM.....LARGE.....X LARGE.....2X LARGE.....3X LARGE

**EMERGENCY PHONE NUMBERS**

Name and relationship to you \_\_\_\_\_ ph \_\_\_\_\_

Name \_\_\_\_\_ ph \_\_\_\_\_

??? QUESTIONS ???  
Dr. Gary S. Moore  
Cell 610-724-3916  
[mercyproject@live.com](mailto:mercyproject@live.com)