MISSION TRIP PARTICIPATION AGREEMENT

GSMF Worldwide, Inc.

PERSONAL INFORMATION—please print clearly

| Name as it appears on Passport: | | | |
|--|---|--|---------------|
| Date of Birth: | Citizenship: | Gender: Male () Female (|) |
| Address: | | | |
| Phone: | Email: | | _ |
| Passport Number: | Expiration Date: | | |
| How would you describe y | our present health? Excellen | t() Good() Average() Poor() |) |
| yes, describe the condition | 1: | | lf |
| | | Phone: | _ |
| Relationship: | | | |
| and he/she will assume re The training meetings for | sponsibility for any canceled a this mission project are critica | t any required deposit is non-refund airline tickets purchased in his/her na al for the spiritual unity and preparation s to faithfully attend all meetings a | ame. on of |
| Team Member Signature: | | Date [.] | |

INVOLVEMENT QUESTIONNAIRE

| Church Membership: |
|--|
| How long have you been a member? |
| List the ministries in which you have been involved at your church, including time of involvement and any leadership positions held: |
| List the ministries in which you have been involved outside of your church, including time of involvement and any leadership positions held: |
| How would you describe your <i>daily</i> relationship with Jesus Christ? |
| |
| What are your spiritual gifts? |
| Have you had training in personal evangelism? Yes () No () |
| Please explain: |
| Have you been on a mission trip before? Yes () No () |
| Describe your experience: |
| |

PERSONAL TESTIMONY

| What was your life like before coming to Jesus? What got you interested in God? | | |
|---|--|--|
| | | |
| | | |
| How and when did you come to know Jesus as your Savior? | | |
| | | |
| | | |
| How is your life now that you know Him? | | |
| | | |
| | | |
| Briefly describe how you see God calling you to participate on this trip. | | |
| | | |
| | | |
| What are your talents and how do you see them being used on this trip? | | |
| | | |
| | | |

PASTORAL REFERENCE FORM

GSMF Worldwide, Inc.

| Reference form for: | Pastor's Name: | | |
|--|----------------------------------|--|--|
| Church Name: | Phone Number: | | |
| Best time to reach by phone: Morning () Afternoon () Evening () | | | |
| Email Address: | | | |
| Church Mailing Address: | | | |
| | | | |
| Is the applicant a member of your church? | | | |
| Is the applicant involved in one or more churc | h ministries? If so, which ones? | | |
| | | | |