



Summit Adventures Mission Application

Legal Name _____
(Exactly as it would appear on your passport)

Trip you are applying for
1st Choice: _____ 2nd Choice: _____

Do you have a passport? *Passport number:* _____
 Yes
 No

For international trips, attach 3 copies of passport; If you do not have a passport, APPLY IMMEDIATELY and return copies upon receipt.

Date of Expiration (must have 6-months validity from post trip date) _____
Country of Citizenship _____

Address _____
City _____ State _____ Zip _____
Home phone () _____ Cellphone () _____
Email _____ Occupation _____
Age _____ Date of Birth _____ Marital Status _____
Language(s) spoken other than English _____

Reference Information

Are you born again? *How long:* _____
 Yes
 No

Have you completed the Growth Track or Membership at Summit Church?
 Yes
 No

Please have your Pastor, Department, or Ministry leader sign below. Someone must sign your application providing a recommendation for you!

“Yes, I support _____ in his/her decision to go to _____ and believe he/she will be an effective team member and wholeheartedly represent God and Summit Adventures.”



SUMMIT ADVENTURES

Print Name _____ Signature _____

Phone _____ Email _____

If Summit is not your church home, please list the church you attend:

Pastor _____ Phone _____ How long have you attended: _____

Christian Life

When and how did you come into a relationship with Jesus?

Describe briefly why you want to go:

Tell us about your ongoing relationship with Jesus. What does your time with God consist of from day-to-day?

What gifts or talents do you have that would be beneficial to this trip?

Have you been involved in missions work before? *Please describe.*

Missions work requires working closely with others. Honestly rate yourself as a team player.

(1)Not so good (10)Great

1 2 3 4 5 6 7 8 9 10

Missions work will require the sacrifice of your: time, money, comfort and personal agendas, for the sake of serving and helping others and reaching the lost. Are you willing to commit yourself to follow God's call to missions work?

Please initial – Yes _____



Ministry Experience

Have you shared your faith with someone else? *If yes, how many times* _____

- Yes
- No

List your involvement or service in ministry

I am willing to be used by God in the following areas (check all that apply)

- Repair/construction
- Evangelistic street ministry
- Visitation ministry (homes, hospitals, orphanages, etc)
- Medical ministry (list area of expertise) _____
- Teaching/training (list topics) _____
- Prayer ministry
- Children's or youth ministry
- Music/worship ministry
- Drama/dance
- Other _____

Background History

Any "yes" answer needs to be fully explained on the back of this application.

Have you been involved with illegal drugs in the past year?

- Yes
- No

Do you have a record of criminal offense in any country?

- Yes
- No

Do you currently use tobacco or alcohol of any sort?

- Yes
- No

Medical Information ** (Confidential Information)

How would you describe your present health

Poor Average Good Excellent



Are you able to walk 3-4 miles a day comfortably in hot weather?

- Yes
- No

Do you have any physical disabilities or conditions, which prevent you from performing certain types of activities such as hiking, lifting, riding in vehicles for long periods of time, and carrying up to 50lbs, 8-10 consecutive hours of continuous work? *If yes, please describe.*

- Yes
- No

Are you currently under any medical supervision and/or have you had any life-threatening diseases or symptoms of such disease in the past 12 months? *If yes, please describe.*

- Yes
- No

Have you ever had/experienced: *If yes, please describe.*

- Diabetes
- Seizures
- Fainting spells
- Eating disorder
- Respiratory problems
- Psychiatric care
- Addiction problems
- Physical/sexual abuse
- Heat exhaustion

Please list any other known medical conditions (heart problems, etc) or physical disabilities that might make this trip difficult: _____

Do you have any allergic reactions to any type of: medicines, bee stings, food, etc?

Are you taking any medication at this time? _____

Do you have any special dietary needs due to a health condition? _____

Do you foresee any problems with the nature of this trip and/or climate concerning your health and/or physical condition?

- Yes
- No

Emergency Contact Information

In case of emergency, we will notify the person you list

Name _____ Relationship _____

Phone _____ Medical Insurance company _____

Authorization # _____ Policy & Group # _____

Physician's Name: _____ Phone _____



Consent for Talent and Use of Image

I give permission for Summit Adventures / Church to use my image and likeness in the form of: photos, videos, and personal testimony, for promotion of church and missions projects in the church, television, or internet.

Applicant's Signature X _____ Date _____

Parent/Guardian Signature X _____ Date _____

Please mail or turn into Summit office:

Summit Adventures
292 E. Barham Dr.#103
San Marcos, CA 92078