



TRI-CITY CHRISTIAN SCHOOL

MISSIONS TRIP APPLICATION

Name:

Year in School (i.e. Senior):

Address:

City, State, Zip:

Cell Phone:

Parents Phone:

Parents email: _____

Your email: _____ Mission trip(s) you are applying for _____

**** Please return all applications to your team leader by the date given below:**

Please complete this application by _____ Please submit your answers on a separate sheet of paper; type or write neatly and legibly.

1. Why do you want to go on this mission trip? What are your expectations for this trip?
2. How is your spiritual life currently? Are you connected to a local church, youth group, etc.? Please give several examples of how you are spiritually growing.
3. Have you had any previous evangelism/missions experience? Please explain in detail (events, training, places, time period, etc.)
4. What qualities, skills, and talents would you contribute to the team? What are your areas of strength that would complement the team and the mission?
5. Write out your personal testimony of becoming a Christian.

****All applications will be discussed by the entire missions outreach staff.**