



# :: MISSION APPLICATION

www.children-of-grace.org

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## Children of Grace Mission Application

We welcome your interest in serving with Children of Grace! Please provide the information requested below. E-mail this application to: [maryann@children-of-grace.org](mailto:maryann@children-of-grace.org) or print and send via mail to:

Children of Grace  
4456 Deer Ridge Road  
Danville, CA 94506

### Part 1:

#### Personal Information:

Please give your full name as it appears or exactly as it will appear on your passport, including your middle name.

FULL NAME: \_\_\_\_\_

NICKNAME: \_\_\_\_\_

MARITAL STATUS/SPOUCE'S NAME: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

Area Code Phone Number

HOME PHONE: (     ) \_\_\_\_\_

CELLULAR PHONE: (     ) \_\_\_\_\_

WORK PHONE: (     ) \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

BIRTH DATE: \_\_\_\_\_

Previous missions trips to: \_\_\_\_\_

Desired mission activities: \_\_\_\_\_

Ministry Experience: \_\_\_\_\_

Home Church: \_\_\_\_\_



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#### Part 2:

**REFERENCES:**

Please provide three references. (One being your home pastor and two others not related to you.)



Home Pastor:

\_\_\_\_\_

Area Code Phone Number

Telephone: ( )

E-mail Address:

\_\_\_\_\_



Personal Reference Name:

\_\_\_\_\_

Area Code Phone Number

Telephone: ( )

E-mail Address:

\_\_\_\_\_



Personal Reference Name:

\_\_\_\_\_

Area Code Phone Number

Telephone: ( )

E-mail Address:

\_\_\_\_\_

#### Part 3:

**OTHER INFORMATION:**

Please provide a COPY of your passport.

Passport #:

\_\_\_\_\_

Expiration Date of Passport:

\_\_\_\_\_

Why do you want to go on this trip?

\_\_\_\_\_

(Circle One)

Are you willing to work with other Christians from a variety of denominations?

Yes or No

Are you willing to attend four pre-trip planning sessions?

Yes or No

Are you willing to complete a brief post-trip evaluation form?

Yes or No

Are you willing to give a report of your trip to others upon your return?

Yes or No

