

## **MEMPHIS MISSION TRIP APPLICATION**

## **PERSONAL**

FULL NAME (as appears on driver's licens	se)	
PERMANENT ADDRESS		
	STATEZIP	
PERMANENT PHONE	CELL PHONE	
E-MAIL ADDRESS		
	_ AGE (as of June 1 of upcoming summer)	
BIRTHDATE		
EMERGENCY CONTACT	RELATIONSHIP	
HOME PHONE	CELL PHONE	
CHURCH MEMBERSHIP (church name) _		
CITY	STATE	
YOUTH MINISTER NAME (if applicable)_		

## **PLEASE NOTE:**

- EACH TEAM MEMBER MUST BE AT LEAST TWELVE YEARS OF AGE (SIXTEEN IF GOING AS AN INDIVIDUAL) BY JUNE 1 OF UPCOMING SUMMER.
- SERVANT LIFE RESERVES THE RIGHT TO DENY PARTICIPATION IN ANY OR ALL OF ITS SHORT TERM MISSION TRIPS.

## **TESTIMONY**

How did you come to faith in Jesus Christ?		
What is your life like after placing your faith in Jesus?		
What is your life like after placing your faith in Jesus:		
Why do you want to participate in this mission trip?		
What are you hoping the Lord teaches you through this experience?		
EXPERIENCE		
Please describe any environments that you are in now or have previously worked in that you feel have prepared you to serve on this summer missions team. Please include any mission work completed.		
List below 2 pastor, youth minister, and/or personal references. Please include their name and email address.		