



Short-Term Mission Application

Application for Short-Term Missions

Thank you for your interest in Anchor of Hope, Romania! In order to be considered for a short-term mission with Anchor of Hope Romania, you will need to complete and return the following:

- Application/Liability Release
- Ministry Covenant Form
- One Reference Form (you will need one reference from someone who knows you but is not related to you: pastor, employer, mentor, friend, teacher, etc.)

The application and reference letters need to be scanned and returned by email to our Missions Coordinator: anchorofhoperomania@gmail.com

We will acknowledge receipt of your application within 48 hours and contact you shortly thereafter to discuss details.

Personal Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Social Security #: _____ Age: _____ Sex: _____

Country of Birth: _____ Citizenship: _____

Passport Number and Country of Issue: _____

Driver's License (if applicable): _____

Emergency Contact

Name: _____

Address: _____

Phone(s): _____

Email: _____



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Church Information

Name of church you presently attend: _____

Pastor's Name: _____

Church address: _____

Church phone: _____

How long have you attended this church? _____

Educational / Legal Background

Please list your educational background, beginning with high school. Include any college, trade school or Bible school:

School Name	Degree Obtained	Year Completed

Present School attending or place of employment: _____

Have you ever been arrested, fined, jailed or in imprisoned? _____

If yes, please explain:

Are you involved in any current or pending lawsuits or legal proceedings? If yes, please explain:

Gifted / Service Assessment

Evaluating your education, skills, experience, along with the gifts God has given you, please indicate in what areas you feel you can best serve.



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What is your native language? _____

What other languages do you speak?

Have you ever travelled abroad? _____ If yes, list the countries you have visited.

Medical History

Have you had or presently have:

Chicken pox _____ Measles _____ mumps _____ Polio _____ Small pox _____

Whooping Cough _____ Tetanus _____ Scarlet Fever _____ Tuberculosis _____

Pleurisy _____ Pneumonia _____ Influenza _____ Sinusitis _____

Middle Ear Infection _____ Deafness _____ Arthritis _____ Heart Murmurs _____

Appendicitis _____ Frequent colds _____ Other: _____

Do you have any physical limitations? _____

Do you wear eyeglasses or contact lenses? _____

Do you use tobacco, alcohol or narcotic drugs? _____

Do you have any respiratory problems? _____

Do you have any allergies?

Do you suffer from frequent headaches, dizziness or fainting spells?

Have you ever had a nervous breakdown or been treated for depression?

Do you fatigue easily?



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Please list serious health concerns that have affected you in the past five years.

Do you have any medical restrictions or handicaps that we might need to make provisions for?

Are you presently taking any medications (if yes, please explain)? _____

Health Insurance Carrier and Policy Number:

Your primary physician's name and phone number (include area code):

Spiritual Background / Assessment

What are your expectations for this trip?

Name (print and sign)

Date



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Release of Liability

I certify that all of the responses on this Health Information form are true and accurate and will notify Anchor of Hope hereafter of any relevant changes in my health that occur either prior to the start of the ministry trip or during it. I further verify that: a) I have no physical impairments that might put myself or others in danger by my participation in the ministry activity; b) I will abide by all Anchor of Hope and other applicable regulations regarding my participation; and c) if I become injured in the course of my participation and am unable to seek treatment for myself, I hereby give permission for emergency medical treatment to be sought for me by representatives or agents acting on behalf of Anchor of Hope Romania Ministries.

In signing this form, I agree not to hold Anchor of Hope, employees or other agents liable for any injury, loss, damage, or accident that I might encounter while on this trip. I realize and acknowledge that my participation on this trip to a foreign country includes many risks and possible dangers. I am well aware that my travel to such a foreign country exposes me to such risks as accidents, disease, war, political unrest, injury from construction projects, unstable conditions, and or other calamities. I hereby assume any such risks that might result from my travel to a foreign country, and I unconditionally agree to hold Anchor of Hope Romania Ministries, its officers, employees, and other agents blameless for any liability concerning my personal health and well being, or any liability for my personal property that might be lost, damaged, or stolen while on this trip.

I have carefully read the foregoing and I understand that my signature herein holds Anchor of Hope Ministries, its officers, employees, or other agents harmless for any liability for injury, damage, loss, accident, delay or irregularity in schedule.

Applicant Signature

Date

Signature of Parent/Guardian Date (If applicant is under the age of 21)
