



La Viña de Agua Viva Living Water Vineyard

Short/Long Term Missions Application

Short (2 wks-2 months) Long (2 months-2 yrs) Length of term: _____

Name: _____ Date: _____

(As it appears on your passport or birth certificate)

Mission Trip: La Viña de Agua Viva Aguadilla, Puerto Rico Trip Dates: _____

Date of Birth: _____ Age: _____ Place of Birth: _____ Marital Status: _____

Home Address: _____

Home Phone No: _____ Cell Phone: _____ Work Phone: _____

E-mail: _____

PERSONAL REFERENCES: (Anyone who knows you well: teachers, ministers, family, or friends)

1. Name: _____ Relationship: _____

Address: _____ Phone: _____

2. Name: _____ Relationship: _____

Address: _____ Phone: _____

3. Name: _____ Relationship: _____

Address: _____ Phone: _____

CHURCH INVOLVEMENT

What ministries are you involved in at your church?

List name and phone number of the church you regularly attend.

MEDICAL INFORMATION

Medical Insurance Policy # _____

Family Doctor: _____

Phone: _____

Family Dentist: _____

Phone: _____

List known medical conditions, physical limitations, prescriptions, and/or allergies:

Contact in case of an emergency

Name: _____

Relationship: _____

Phone: _____

MISSION AND TRAVEL INFORMATION:

Have you been on a short-term mission trip before? No Yes

If yes, briefly describe any previous mission or service experience below:

MINISTRY INTEREST

Please list the type of ministry you are interested being a part of. Example: servant evangelism, prayer walking, campus ministry, etc.

PARTICIPANT SIGNATURE

By signing this form, I am acknowledging that funding for the trip is completely my responsibility. If I change my plans after I have been accepted, I will pay for all expenses incurred on my behalf.

Name: _____

Date: _____

- \$100 Deposit Is Due With Your Application