



Touching Lives Ministry  
P.O. Box 1021  
Brookhaven, Pa. 19015  
610-329-1881  
tlministry@verizon.net

## Short Term Mission Application

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**Mission Location and Dates:**     October 1-15, 2024    

**Personal Information:**

Name Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle initial: \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_

State/Zip \_\_\_\_\_

Phone # Home \_\_\_\_\_ Cell \_\_\_\_\_ E-mail address \_\_\_\_\_

Date of birth \_\_\_\_\_ Age \_\_\_\_\_ Male \_\_\_ Female \_\_\_

Do you have a passport? \_\_\_\_\_ What country? \_\_\_\_\_ Passport # \_\_\_\_\_

Passport expiration date \_\_\_\_\_ Name as it appears on passport \_\_\_\_\_

Marital status Single \_\_\_ Married \_\_\_ Separated \_\_\_ Divorced \_\_\_ Widowed \_\_\_

Professional license(s), state(s) licensed in and license number(s):

**Health Information: For your safety and the safety of the team it is important that you answer these questions honestly and include any health or activity limitations.**

How would you describe your present health? Excellent \_\_\_ Good \_\_\_ Average \_\_\_ Poor \_\_\_  
Please list any illness(es) or medical conditions you have had in the past five years.

Please describe any activity restrictions and/or special equipment you need to accompany you on the trip.

Please list any food and medication allergies you have.

Please describe any dietary restrictions or needs you have.

Please list any medications you are currently taking including prescription meds, over-the-counter meds, and vitamins/supplements. Please include dosages and number of times/day the meds are taken.

Do you have or have you ever had: Respiratory problems \_\_\_ Heart condition \_\_\_ Seizures \_\_\_  
Chronic headaches \_\_\_ Psychiatric care \_\_\_ Dizziness \_\_\_  
Fainting episodes \_\_\_ High blood pressure \_\_\_

If yes, please explain:

**Personal Situations: Touching Lives Ministry is a Christian-based, Bible believing ministry.**

**In General, missionaries are held to a higher standard of behavior. Because of this foundation this section of the application is very personal and the questions being asked may be uncomfortable for you. Our purpose is NOT to be accusatory in any way – “...for all have sinned and fallen short of the glory of God” (Romans 3:23), but rather to see if there are any ‘life situations’ you are currently involved in that, from a biblical and liability standpoint, may impact Touching Lives Ministry, your missions team members, or the people to whom you will be ministering. This information is completely confidential. Please do not hesitate to contact us if you would like to discuss this section privately. It is imperative that you answer these questions honestly and with integrity. Also, because of liability issues, there will be a mandatory criminal background check and child abuse clearance (\$10 each). Answering ‘yes’ to any of these questions does NOT automatically disqualify you from participation on a missions trip.**

Do you have an addiction to cigarettes, drugs, alcohol, pornography, or any other addiction; or has anyone ever suggested that you may have a problem with any of the above? \_\_\_

If yes, please explain.

Have you ever been arrested, convicted, or pleaded guilty to a crime? \_\_\_ If yes, please explain.

Have you ever been accused, charged, alleged to have or have you ever committed any act of neglecting, abusing, molesting, or battering any child or adult? \_\_\_\_\_ If yes, please explain.  
Have you ever been emotionally, physically, or sexually abused? \_\_\_\_\_  
If yes, please explain including any counseling you have had. Have you found healing from the pain of your abuse?

Are you presently and intimately living with someone without being married to them? \_\_\_\_

Are you now or have you ever lived a homosexual lifestyle? \_\_\_\_

**Missions experience:**

Have you ever been on a short-term mission? \_\_\_\_  
If yes, please list the mission(s) with dates, locations, and mission organization.

What languages do you speak and are you fluent in them?

Why are you interested in this trip?

Please indicate areas of expertise (E) and areas of interest (I) as well.

medical work \_\_\_\_ drama \_\_\_\_ children's work \_\_\_\_ community/economic development \_\_\_\_  
youth work \_\_\_\_ internet/technology help \_\_\_\_ painting \_\_\_\_ construction \_\_\_\_ electrical work \_\_\_\_  
health related seminars \_\_\_\_ teaching \_\_\_\_ handcrafts \_\_\_\_ women's services \_\_\_\_ music \_\_\_\_  
technical work \_\_\_\_ puppetry \_\_\_\_  
Other explain:

**Spiritual beliefs:**

Do you profess Jesus Christ as your Savior and Lord? \_\_\_\_

If yes, please give a brief description of how and when you first believed.

If you do not profess Jesus Christ as your Savior and Lord, please briefly describe your spiritual beliefs.

Worship (singing), devotions, and prayer will be a part of every team meeting and a daily routine while on the mission field. Every team member will be expected to be present for devotions. Do you have any objections to this? \_\_\_\_ If yes, please explain.

**Contact/Emergency Information:**

Your physician's name: \_\_\_\_\_ Office number: \_\_\_\_\_

Insurance carrier: \_\_\_\_\_ Policy group no. \_\_\_\_\_

Who should we contact in case of emergency? \_\_\_\_\_

Telephone number: Home \_\_\_\_\_ Cell \_\_\_\_\_

Email address \_\_\_\_\_ Relationship to you: \_\_\_\_\_

**Requirements for application:**

1. Completed application form
2. A photocopy of your current passport
3. Two recent passport pictures
4. Criminal & Child abuse clearances:  
<https://www.dhs.pa.gov/KeepKidsSafe/Clearances/Pages/Criminal-Background-Check.aspx>
5. \$100 deposit, check written to: Touching Lives Ministry