



**SHORT TERM MISSION APPLICATION FORM**

NAME: \_\_\_\_\_ MR / MISS / MRS / DR / REV / PASTOR / DEACON / ELDER

SEX:  MALE  FEMALE ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_ PROVINCE \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

TEL.: \_\_\_\_\_ FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

AGE:  16-19  20-29  30-39  40-49  50-59  60 OR ABOVE (APPLICANT MUST BE AT LEAST 16 YRS OLD)

TRAVEL DOCUMENT:  PASSPORT  CERTIFICATE OF IDENTIFY DOCUMENT No.: \_\_\_\_\_

CITIZENSHIP: \_\_\_\_\_ VALID PERIOD: \_\_\_\_\_

MARITAL STATUS:  SINGLE  MARRIED  WIDOW/ER

LANGUAGE:  ENGLISH  CANTONESE  MANDARIN OTHERS \_\_\_\_\_

IF YOUR SPOUSE & CHILD(REN) ALSO APPLY, LIST THEIR NAME & RELATIONSHIP: \_\_\_\_\_

HEALTH CONDITION:  GOOD  WEAK  PREGNANT (EXPECTING DATE OF BIRTH: \_\_\_\_\_)

LONG-TERM SICK (PLEASE SPECIFY): \_\_\_\_\_

OHIP No.: \_\_\_\_\_ PROVINCE: \_\_\_\_\_ VALID PERIOD: \_\_\_\_\_

HEALTH/TRAVEL INSURANCE:  NO  YES (INSURANCE CO. & POLICY NO. \_\_\_\_\_)

OCCUPATION: \_\_\_\_\_ EMPLOYER/SCHOOL NAME: \_\_\_\_\_

LIST COURSES TAKEN ABOUT BIBLE/THEOLOGY/MISSIONS, ETC: \_\_\_\_\_

FIRST TIME ATTEND SHORT-TERM MISSION:  YES  NO (DID YOU ATTEND GO INTERNATIONAL'S SHORT-TERM MISSION?)  NO  YES (WHEN & WHERE: \_\_\_\_\_)

YOUR SPIRITUAL GIFTS:  WORSHIP  PREACHING  TEACHING  CHILDREN MINISTRY  YOUTH MINISTRY

INSTRUMENTS (WHAT INSTRUMENTS \_\_\_\_\_)

OTHERS ( \_\_\_\_\_)

YOUR CHURCH NAME: \_\_\_\_\_ DENOMINATION: \_\_\_\_\_

NAME OF PASTOR \_\_\_\_\_

CHURCH ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_ PROVINCE \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

TEL.: \_\_\_\_\_ FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

PASTORAL REFERENCE:  NO  YES (PASTOR NAME \_\_\_\_\_ TEL/EMAIL \_\_\_\_\_)

DO YOU NEED YOUR CHURCH'S ECONOMICAL SUPPORT?  NO  YES (REASON & SUPPORT AMOUNT): \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



華人福音普世差傳會  
Gospel Operation International

**CANADA OFFICE** Address: 63 Silver Star Blvd., Unit C17, Toronto, Ontario M1V 5E5, Tel: 416-756-2111, Email: canada@gointl.org

### PARTICIPANT AGREEMENT

本人\_\_\_\_\_，參加華人福音普世差傳會(華傳)加拿大辦事處主辦的訪宣體驗/跨文化傳福音訓練營，本人授權貴會可向本人所屬的教會/牧者查詢本人的屬靈生命。同時，本人願意在參加其間遵守貴會所定的生活守則及訓練導師的指導，及承擔本人一切醫療健康和人身安全上的責任，並且同意華人福音普世差傳會(華傳)加拿大辦事處不需承擔本人任何意外或醫療責任和開支。遇有緊急情況，本人授權華人福音普世差傳會(華傳)加拿大辦事處代表本人聯絡以下人士：

緊急聯絡人姓名：\_\_\_\_\_ 電話：\_\_\_\_\_ 電郵：\_\_\_\_\_

簽署：\_\_\_\_\_

年 月 日

I \_\_\_\_\_, a participant of the short term mission trip organized by Gospel Operation International for Chinese Christians – Canada, Inc. (GO International – Canada O/B), authorize GO International – Canada O/B to check my spiritual reference from my church/pastor. I also agree to fulfill all the regulations of the training and instructions of the instructors during the training period. I will take my own responsibility of myself in all medical need and personal safety. I understand that GO International – Canada O/B will not take any responsibility of myself in case of accident or medical need. In case of emergency, I authorize GO International – Canada O/B to contact the following person on behalf of myself.

Emergency contact: \_\_\_\_\_ Phone # \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_