

Waterloo Pentecostal Assembly  
Short Term Missions Trip Application Form

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To participate in a Short Term Missions Trip through WPA, please complete the following and return to:

Waterloo Pentecostal Assembly, attention Missions Chair (Walt Semeniuk)  
395 King St. N. Waterloo, ON N2J 2Z4  
(Office) 519.884.0530, Email: [missions@waterlooassembly.org](mailto:missions@waterlooassembly.org)

**Note: This form is confidential and will be used only to determine suitability for short term mission's trips**

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STM Destination:

Team Leader:

Contact Information

First Name:                      Middle:                      Last:

Address:                      City:                      Prov:                      Postal Code:

Home Phone:                      Cell:

Email:

Date of Birth:                      Age:

Gender:    Male \_\_\_    Female \_\_\_

Marital Status: Single \_\_\_    Married \_\_\_    Widowed \_\_\_    Separated \_\_\_    Divorced \_\_\_

Passport Information

Your full name (as it appears on passport): \_\_\_\_\_

Passport #:                      Issue Date:                      -                      -

Nationality:                      Place of Issue:

Place of Birth:                      Expiry Date:

Emergency Information (*who we contact in case of emergency while overseas*) If 18 or under this must be your parent(s) or guardian.

Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

### **Health Information**

Do you have anything in your medical history that we should know about (ie: disabilities, allergies, prescription medication, heart issues etc.)? **Yes / No**

If yes please give details:

Do you have special diet needs (ie: vegetarian)?

If you are approved for this trip and the destination requires special medical precautions, you shall provide a letter of evident indicating you have visited a travel clinic and/or doctor and that you have received necessary medications/immunizations.

### **Compulsory Health Insurance**

Team Travel Insurance will be purchased for each team member (teams over 4 people) at the time of ticket purchase. For teams with less than 4 participants, participants must provide proof of valid/suitable insurance to the team leader no later than two weeks prior to travel.

### **General Information**

Do you have any special skills?

List languages other than English that you speak and how well:

Have you been on other missions trips? Yes \_\_\_\_\_ No\_\_\_\_\_

If yes where and how did it impact you?

Why do you feel God is calling you to serve in this way? (Why do you want to go?)

What expectations do you have for this trip?

Describe yourself as a person. What are your strengths and weaknesses?

How do you hope to fund-raise for this project?

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_