

HeartLink Network

Short-Term Mission Team 2020 Application

This application does not obligate you to go on a mission's trip nor does it obligate HeartLink Network to accept you as a team member. A follow-up letter will give final notification of acceptance. Please complete and **return this application along with a \$25.00 application fee** (refundable if not accepted) to HeartLink Network at **P.O. Box 511, Fishersville, VA 22939**. For questions please contact Pastor Greg Mayo at pastorgregcornerstone@gmail.com.

Make checks payable to HeartLink Network.

Please indicate the top three teams you are interested in. Please number them 1, 2 and 3.
(While your selections will be highly considered they cannot be guaranteed in the assignment process)

ALBANIA BULGARIA NIGERIA VIETNAM WYOMING

NAME: (give your OFFICIAL name as it appears on your driver's license, passport or birth certificate)

First: _____ Middle _____ Last _____

Address: _____ Zip: _____

DOB: _____ **SEX:** M or F **MARITAL STATUS:** Married Widow Single Divorced

PHONE: Home () _____ Work () _____

HOME CHURCH: _____

Address: _____

EMAIL ADDRESS: _____

OCCUPATION: _____

EDUCATION: (Highest Degree/Diploma Earned) _____

MINISTRY INTEREST: (check all that apply)

- | | | |
|--|--|---|
| <input type="checkbox"/> Evangelism | <input type="checkbox"/> Computer Technology | <input type="checkbox"/> Medical Ministry |
| <input type="checkbox"/> Spiritual Warfare | <input type="checkbox"/> Youth Ministry | <input type="checkbox"/> Drama |
| <input type="checkbox"/> Worship Ministry | <input type="checkbox"/> Cell Ministry | <input type="checkbox"/> Economic Ministry |
| <input type="checkbox"/> Children's Ministry | <input type="checkbox"/> Construction | <input type="checkbox"/> Business Development |
| <input type="checkbox"/> Women's Ministry | <input type="checkbox"/> Agriculture | <input type="checkbox"/> Teaching |

Other: _____

LANGUAGE SKILLS: (List all foreign languages you speak and rate your fluency in each)

- | | | | |
|----------|-----------|------|------|
| 1. _____ | Excellent | Good | Fair |
| 2. _____ | Excellent | Good | Fair |
| 3. _____ | Excellent | Good | Fair |
| 4. _____ | Excellent | Good | Fair |

DO YOU HAVE A VALID PASSPORT: Yes No

REFERENCES:

Pastor: _____.

Email Address: _____

Phone: _____.

Church Member: _____.

Email Address: _____

Phone: _____.

Family Member: _____.

Email Address: _____

Phone: _____.

PHYSICAL HEALTH:

1. My current physical health is (check one):

Excellent Good Fair Poor

2. Have you had any surgeries, illnesses, or other physical problems in the last year?

(Explain)

3. List any regular prescription drugs you are currently taking and explain for what purpose.

4. List any additional physical conditions that may affect your ability to perform at 100% while on a mission's trip.

SHARE YOUR PERSONAL TESTIMONY CONCERNING YOUR RELATIONSHIP WITH JESUS CHRIST: (Past & Present)

LIST PREVIOUS MISSION EXPERIENCES: (When, Where and What)

PLEASE STATE THE REASON(S) WHY YOU WOULD LIKE TO GO ON A SHORT-TERM MISSION TEAM.

HOW DO YOU SEE YOURSELF SUPPORTING AND/OR CONTRIBUTING TO A SHORT-TERM MISSION TEAM'S SUCCESS ON THE FIELD?

WHAT FEARS OR CONCERNS DO YOU HAVE REGARDING A SHORT-TERM MISSION ASSIGNMENT?

SUPPORT-RAISING COVENANT:

- I agree to write and send out support letters requesting prayer and financial support.
- I agree to participate in fund raising events planned by my mission team.
- I agree to take FULL RESPONSIBILITY to raise 100% of the cost of my mission trip.

***** By signing below you are agreeing that all information submitted is accurate and that you are accepting the terms of the support-raising covenant.**

SIGNATURE: _____ DATE: _____