

Short Term Adult Missions Program



New Participant Application

STAMP Trip for which you are applying: _____ Year: _____

Name: _____ Age: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____ Work: _____

E-mail: _____

Marital Status (Please circle): Single / Married / Separated / Divorced / Widowed

Name of Spouse: _____

If necessary, please use the back of this form or a separate sheet of paper to answer any of these questions.

1. Are you a member of Greentree Church? ___ Yes ___ No If no, are you a regular attendee? ___ Yes ___ No
2. How long have you attended Greentree Church?
3. Please briefly explain your conversion experience and describe your Christian growth/devotional life.
4. Please list your areas of ministry service at Greentree, past and present.
 - 4a. Please list small groups you attend at Greentree Church.
(Please note: church service and/or small group involvement is a prerequisite for participation with STAMP)
5. Briefly describe why you would like to go on this mission trip.

6. Please list the skills and experiences you have that you think will be useful on this trip/team.

7. Please describe your interest and experience in cross-cultural ministry.

8. Have you lived overseas? Yes No
If yes, please describe.

9. Do you speak a foreign language? Yes No (This is not a requirement.)
If yes, which ones?

10. Describe how you think you will adapt to working in a foreign culture.

11. If you are married, does your spouse support this application? Yes No
If no, please explain.

12. You will be asked to recruit at least six persons as prayer partners for this trip. Please list *at least* six potential prayer partners.

13. Do you have **any** known medical condition which may affect you when going into an area where there may be physical stresses and lack of adequate medical care and where emergency services may not be readily available? Yes No
If yes, please describe.

A. Are you taking **any** prescription medication? Yes No

B. What are the risks and/or complications if you don't take your medication?

C. Could you get your doctor's written approval to go on this trip if you are taking prescription medication? (If you are accepted for this trip, your doctor's approval will be necessary). Yes No

(Note: If you take prescription medication, you are required to inform your team leader of your medical situation for precautionary reasons.)

14. What other information about you will help us in knowing you and making the appropriate decision concerning your application to join the team?

15. If accepted for this ministry, you will be asked to attend orientation and training sessions. These sessions are mandatory and may increase in frequency as the departure date nears. Is that a problem for you? ___ Yes ___ No

Comment:

16. Do you consider yourself resilient & flexible should things not go according to plan either in the US or overseas? ___ Yes ___ No

Comments:

17. In case of emergency contact:

Name: _____ Relationship to you: _____

Address: _____

Phone: Home _____ Cell _____ Other _____

Email: _____

18. Are you a U.S. citizen or legal resident of the U.S.? ___ Yes ___ No

19. Education (Please Circle) : High School / College / Post Grad

20. Work experience:

Present Occupation:

Other Experience / Skills:

Hobbies and other interests:

Please note: The Leadership of Greentree Church reserves the right to decline acceptance or defer participation in the STAMP Ministry should an applicant be experiencing spiritual, relational or counseling concerns at any time during the application or preparation process.

A \$150 nonrefundable initial contribution deposit is required with each application

Please keep a copy of the questionnaire & your application for your records. Return the originals to:

**Via Mail: Pastor of Outreach
Greentree Church
125 Schoolhouse Road
Egg Harbor Township, NJ 08234**

Via Fax: (609) 927-9229

Via E-mail: Pattedeschi@greentree.org