



STAMP

Short Term Adult Missions Program

Prior STAMP Experience 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 a separate sheet of paper to answer any of these questions.

1. Briefly describe why you would like to go on this mission trip.
2. If you are married, does your spouse support this application? ___ Yes ___ No
If no, please explain.
3. You will be asked to recruit at least six persons as prayer partners for this trip. Please list *at least* six of your potential prayer partners.
4. 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:
5. Please list areas of service at Greentree Church.
 - 5a. 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)

6. 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 are taking prescription medication, you will be required to inform your team leader of your medical situation for precautionary reasons.)

7. In case of emergency contact:

Name: _____ Relationship to you: _____

Address: _____

Phone: Home _____ Cell _____ Other _____

Email: _____

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

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.

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