



TACTICA Ministries
Apartado 915-2350
San Jose, Costa Rica

Revised June 2007

Telephone: 269-978-7291
 Email: tactica3@yahoo.com

Attach
 Photo
 Here

Application for Short-term Missionary Service

PLEASE PRINT CLEARLY

PAGE 1 OF 6

Date of Application: / /				
Full Name:				
E-Mail Address:				
Permanent Address:			Ph:()	
City:	State:		Zip:	
Age:	Weight:	Height:	Date of Birth: / /	
Single: <input type="checkbox"/>	Married: <input type="checkbox"/>		Spouse's Name:	
Children: Names & Ages				
Passport Number:			Place & date of issue:	
Languages you speak:			T-Shirt Size:	

Home Church:				
Address:			Ph: ()	
City:	State:		Zip:	
Pastor's Name:				

Place of employment:			Ph:()	
Address:				
City:	State:		Zip:	
Present occupation:			Position:	

Any type of allergies?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, explain:
Currently under physicians care?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Taking medications?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If you use tobacco or alcohol, will you agree to refrain from all use while on this trip?			Y <input type="checkbox"/> N <input type="checkbox"/>
If you gamble, will you agree to refrain from all types of gambling while on this trip?			Y <input type="checkbox"/> N <input type="checkbox"/>

*****RETURN PAGES 1 - 5 TO ADDRESS AT TOP OF PAGE*****

****** PLEASE ATTACH CURRENT PHOTOGRAPH******

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PLEASE PRINT CLEARLY

<i>In Case of Emergency, Please Contact:</i>		
Name:	Relation:	Ph:()
Address:	State:	Zip:
Insurance Company and Policy No.:		
Your Physician:	Address:	Ph: ()

I agree to purchase Overseas Traveler's Protection Plan? Yes No

Please sign if you are covered for Evacuation

Date

Have you submitted a current Professional Resume to TACTICA Ministries? Yes <input type="checkbox"/> No <input type="checkbox"/>
Is your resume current within 6 months prior to date of application? Yes <input type="checkbox"/> No <input type="checkbox"/>

Dates of trip which you are applying for:	Country:
Have you ever been overseas before: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes , please list:	

Have you ever been on a short-term mission trip before? Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please list ALL trips, locations and organizations with which you have worked:

Check with your county health department for a list of immunizations for the country you will travel to.
Dates of your last immunizations: (if any)
Tetanus: / / / Typhoid: / / / Hepatitis A: / / /
Other immunizations:
Medical background: EMT <input type="checkbox"/> Paramedic <input type="checkbox"/> Other <input type="checkbox"/> _____

I have completely read the ABWE Doctrinal statement located within the Principles & Practices manual Section 1.4 <i>Doctrinal Statement</i> (1.4.1 - 1.4.12) located at www.abwe.org/about/believe.asp Yes <input type="checkbox"/> No <input type="checkbox"/>
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I agree to operate under the authority of the ABWE doctrinal statement Section 1.4 during my short term trip with TACTICA Ministries. Yes <input type="checkbox"/> No <input type="checkbox"/>

Signing indicates that you agree to operate under the authority of ABWE's doctrinal statement section 1.4 while working with TACTICA Ministries.

Date

******To Avoid Delay In Application Approval, Please Answer Each Section Completely******

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Applicant's Name: _____

Please answer all of the following questions. (1-6)
If you have gone on a short-term mission trip with TACTICA Ministries and have your testimony on file please check here and only answer question 4.

1. Describe your conversion experience:

2. Describe your understanding of the work of the Holy Spirit:

3. Describe your current spiritual disciplines, strengths and weaknesses. (not your goal)

4. Describe what is motivating you to apply for this mission trip.

5. What do you believe are your dominant spiritual gifts?

6. Which of the following best describes you?

- I enjoy public speaking, I love to accomplish, and others would say that I am driven.
- Others seem to think I am entertaining. I like to cheer others up and I prefer to be active.
- I prefer to serve quietly behind the scenes. Others would say that I am sensitive to people's needs.
- I enjoy organizing tasks. I like order. I want things to be completed WELL and ON TIME.

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Release of Liability

I, the undersigned individual, am making a mission trip under the auspices of TACTICA Ministries, with the Association of Baptists for World Evangelism. As such, they have and will give direction and guidance in my personal safety. They have informed me of any potential risks associated with all international travel as well as specific travel to my ultimate destination.

In addition, I hereby release TACTICA Ministries and/or its Director, Ryan Rought and/or ABWE, and/or its board of directors, agents, employees, or volunteer assistants from any liability whatsoever arising out of any accident, sickness, death, damage or loss which may be sustained by said person during the course of/or involvement with TACTICA Ministries, ABWE.

Signature

Date

Team Leadership

The team will be under the leadership of TACTICA Ministries. The ministry will appoint a person as team leader in every outreach. You will be notified who the leader of the team will be.

I agree to work under the leadership of the designated leader.

Signature

Date

Authorization for Medical Treatment

In the event of illness or injury while on this trip, I agree to the performance of such treatment, anesthesia, and operation, which in the opinion of the attending physician is deemed necessary. I hereby accept full responsibility for any and all expenses for medical treatment and medicines that may incur during this mission trip.

Additionally, I accept full responsibility for any expenses related to an illness or injury resulting from my time on this mission trip which might become evident after my return home.

Signed by me this the _____ day of _____, year _____

Signature

Printed Name

RETURN PAGES 1-5 TO ADDRESS AT TOP OF PAGE 1

**To be returned as part of the completed
packet to address on the left of this page.**

To Be Filled Out by Applicant's Spouse

Spouse's Name:	Date:
Ph: ()	
Signature:	

1. Describe how God had lead your spouse to this short-term missions opportunity:

2. Describe your understanding of your spouses roll on the team:

3. What do you believe are your spouse's dominant spiritual gifts?

6. Which of the following best describes your spouse?

<input type="radio"/>	I enjoy public speaking, I love to accomplish, and others would say that I am driven.
<input type="radio"/>	Others seem to think I am entertaining. I like to cheer others up and I prefer to be active.
<input type="radio"/>	I prefer to serve quietly behind the scenes. Others would say that I am sensitive to people's needs.
<input type="radio"/>	I enjoy organizing tasks. I like order. I want things to be completed WELL and ON TIME.

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**To be returned by pastor to the
 address on the left of this page.**

<i>To Be Filled Out by Applicant's Pastor</i>	
Pastor's Name:	Date:
Church Name:	Phone: ()
Signature:	

The following has made application to us for a short-term mission trip. We ask that you please answer the following questions based on your knowledge of this applicant so that we can fully consider them for this service.

Applicant's Name:

1. Do you believe the applicant is spiritually and emotionally mature enough to successfully handle a short-term mission trip into a third world country?

2. How does the applicant function as a team member?

3. Is there any reason you know of why the applicant may not be fit for mission service...either spiritually, physically, mentally, or emotionally?

4. Please describe the applicant's current involvement in serving his/her local church.

*****PASTOR, PLEASE RETURN TO ADDRESS AT THE TOP OF THIS PAGE*****

