

EMBRACE MISSIONS

APPLICATION

GENERAL INFORMATION

Legal First _____ Middle _____ Legal Last _____
 Preferred Name _____ Birth Date _____ Gender MALE FEMALE
 Home E-mail _____ Work E-mail _____
 Address _____
 City _____ State _____ Zip _____ Country _____
 Phone _____ Cell _____ T-shirt size _____
 How did you hear about AGCI? _____
 I am applying for: PREPLANNED INDIVIDUAL TRIP CUSTOM GROUP/FAMILY TRIP PROJECT TEAM
 COUNTRY _____ TRIP DATES _____

IF APPLYING FOR THE CUSTOM GROUP TRIP PLEASE PROVIDE THE FOLLOWING INFORMATION:

GROUP LEADER

Church Name _____
 Missions Pastor _____ Senior Pastor _____
 Address _____
 City _____ State _____ Zip _____
 Website _____ Phone _____ Fax _____
 Name of Group Leader(s) _____ Estimated number of people _____
 Work Project Budget _____
 First choice of dates _____ / _____ / _____ FROM TO
 Second choice of dates _____ / _____ / _____ FROM TO

TRAVEL

Name as it appears on Passport _____
 Passport Number _____ Passport Expiration Date _____
 Airport you will fly out of (list alternatives if available) _____
 Family members traveling with you under age 18 (list names and ages) _____

Have you participated in an AGCI mission trip before? YES NO

IF YES, PLEASE PROVIDE THE FOLLOWING INFORMATION:

Country _____ Date of Trip _____ / _____ / _____ FROM TO
 Description of service _____

Have you participated in any OTHER mission trips in the past? YES NO

IF YES, PLEASE PROVIDE THE FOLLOWING INFORMATION:

Country _____ Date of Trip _____ / _____ / _____ FROM TO
 Description of service _____

What influenced your desire to serve in missions? _____

Are you willing to be a representative of AGCI during your time overseas? YES NO

Are you willing to be led by the authority of AGCI staff while overseas? YES NO

List any languages spoken other than English _____

List any skills, talents, or experiences that may be helpful on this trip _____

HEALTH

General Health: EXCELLENT GOOD AVERAGE POOR

List any major illnesses you've had in the past five years _____

List any physical limitations/disabilities/restrictions _____

List any allergies _____

List any medications you are currently taking _____

EDUCATION

School Attended _____

Major/Minor _____

Years Attended _____ I AM CURRENTLY ENROLLED IN COLLEGE

FROM

TO

EMPLOYMENT

Occupation _____

Company/Employer _____

Work Phone _____ Website _____

Job Description _____

Do you wish to serve in this capacity on your trip? YES NO

CHURCH

Name of Church _____ Senior Pastor _____

Address _____

City _____ State _____ Zip _____

Website _____ Phone _____

List any ministries you have been involved in _____

I hereby acknowledge that I have answered the previous questions honestly and accurately to the best of my ability.

PRINT NAME OF APPLICANT

APPLICANT'S SIGNATURE

DATE

If applicant is under age 18, parent/guardian must sign:

PRINTED NAME OF PARENT/GUARDIAN

PARENT/GUARDIAN'S SIGNATURE

DATE

*Thank you for your time and thought in completing this application. Please return the completed application, along with a **\$250 application fee (\$500 if you are the group leader applying for a customized group trip)**, to AGCI by the deadline date. Each applicant will be reviewed by AGCI staff. Upon acceptance, applicants will be notified via e-mail or phone and will be sent an Orientation and Preparation Packet.*

ONLINE PAYMENT FORM: forms.embracethemission.org

PLEASE SEND APPLICATION AND **\$250 FEE TO:**

All God's Children International

toll free (800) 214-6719

Attn: Missions Director

fax (503) 282-2582

3308 NE Peerless Place

website www.allgodschildren.org

Portland, OR 97232

email missions@allgodschildren.org

CONFIDENTIAL REFERENCE

PLEASE GIVE THE ATTACHED REFERENCE FORMS TO A PASTOR, CHURCH LEADER, EMPLOYER, OR NON-FAMILY MEMBER TO COMPLETE AND MAIL TO THE ADDRESS ABOVE. ONE OF THE REFERENCES MUST BE A PASTOR OR SUPERVISOR.

Name of First Reference _____

Relation to applicant _____

Phone _____ Email _____

Name of Second Reference _____

Relation to applicant _____

Phone _____ Email _____

CPS BACKGROUND CHECK

AGCI REQUIRES THAT ALL MISSION TRIP PARTICIPANTS UNDERGO A CRIMINAL BACKGROUND CHECK. THIS IS DUE TO THE NATURE OF OUR MINISTRY TO VULNERABLE CHILDREN. ONCE YOUR APPLICATION IS RECEIVED, YOU WILL HAVE TWO BUSINESS DAYS TO RESPOND TO THE E-MAIL INVITATION TO SUBMIT YOUR INFORMATION.

I, _____, give my consent to have a Child Protective Services check performed on me nationwide.

APPLICANT'S SIGNATURE

DATE