**Presbyterian Church of Jackson Hole**

**Mission Trip Application**

Full Name

Address

Street City State Zip

Home Phone Cell Phone

Email address

Can you speak a foreign language? If so, which one(s)?

PCJH Membership (circle one): Yes No Regular Attendee

If no, do you attend another church? Which one?

**Please answer each of the following questions in 50 words or less:**

1) Tell us about how God is at work in your life

2) Why do you feel God is calling you to go on this mission trip?

3) How do you think you could contribute to a mission team?

4) What excites you about going on this trip? What concerns you?

5) What type of ministry experience do you have? Have you been on a mission trip or traveled abroad before? If so, where and when?

6) Would you have the support of family and friends to participate in this mission trip? How would you anticipate preparing them for your absence?

7) Please describe any specific skills you would add to the mission team.

8) Do you have any medical conditions that would cause concern by being 4.5 hours from a large medical center and/or through travelling on rough roads? If yes, please explain.

Please circle your top three spiritual gifts:

Administration

Apostleship

Craftsmanship

Communication

Discernment

Discipleship

Encouragement

Evangelism

Faith

Giving

Healing

Hospitality

Intercession

Interpretation

Knowledge

Leadership

Mercy

Miracles

Prophecy

Teaching

Tongues

Wisdom

In regards to a team on which you are participating, do you:

1. Focus more on the project OR focus more on relationships
2. Find energy through time by yourself OR through time with people
3. Like to follow a schedule OR prefer not being tied to a schedule

Please rate yourself on the following on a scale of 1-5, “1” being most like me and “5” being not at all like me:

1. Willing to “rough” it 1 2 3 4 5
2. Prefer being with locals 1 2 3 4 5
3. Prefer being with the team 1 2 3 4 5
4. Excited about trying new things 1 2 3 4 5
5. A team player 1 2 3 4 5

I certify that I have a valid US Passport. Your name as it appears on your

Passport:

Date of Passport Expiration:

*Please return your completed application to the church office or email it to Addie Pascal at addiepascal@gmail.com or Bob Kopp at* [*bkopp@waldenasset.com*](mailto:bkopp@waldenasset.com)*.*