

**Physical Address:**  
1 Pontoon Road  
East London  
5200  
South Africa



**Mailing:**  
Private Bag X9027  
East London  
South Africa  
5200

## Open Missions Trip Application Form

All information will be treated as private and confidential and will not be given to any 3<sup>rd</sup> party.  
**ALL TRIPS ARE R1500 PER PERSON**

Date of trip applying for: .....

### PERSONAL INFORMATION:

Gender [Male] [Female]

Marital Status [Single] [Married] [Separated] [Divorced] [Widowed]

Name and Surname .....

Age ..... Date of Birth: (dd/mm/yyyy) .....

Identity Number (if South African) .....

Passport Number and Nationality on Passport ..... Expiry date of Passport .....

Mailing Address .....

City ..... State/Province.....

Country ..... Zip/Postal Code .....

Home Phone (including area code) ..... Cell phone (including area code) .....

E-mail .....

Are you currently using illegal drugs? [YES] [NO] Do you currently use tobacco products [YES] [NO]

Do you currently consume alcoholic beverages of any kind? [YES] [NO]

Are you currently using any form of medication? [YES] [NO]

(If so, an additional recommendation is required from your doctor, stating you are fit to join this trip)

If you answered yes to any of these questions, please explain. Use a separate sheet if necessary.

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Any Allergies:

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### FAMILY INFORMATION:

Name of Spouse..... Date of Birth .....

Contact Number (including area code) .....

Do you have any children? [YES] [NO]

Will your spouse and children be accompanying you: .....

**EMERGENCY INFORMATION:**

Full Name .....

Contact Number (including area code) ..... Relationship .....

**GENERAL INFORMATION:**

Have You Been On A Mission Trip Before? Where/When: .....

What languages do you speak fluently? .....

Please list any specific Talents you have: .....

**FINANCIAL INFORMATION:**

How will you pay for the trip? [Savings] [Work] [Sponsor] Other:.....

Person responsible for paying: Name: ..... Phone no: .....

**SPIRITUAL INFORMATION:**

When did you accept Jesus Christ as your Lord and Saviour?

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.....  
.....

Home Church: ..... Are you a member? ..... Pastor’s Name: .....

Are you serving in full-time ministry? [Yes] [No]

If so, what is your capacity? [Pastor] [Teacher] [Evangelist] [Missionary] [Helps]

Faith Missions requires applicant to comply with all rules and regulations of the organisation.. Applicant serves at their own risk, and Faith Missions is not liable in the event of sickness, injury, accident, terrorist attacks, death, or any other expense other than ministry involvement. We require all applicants to be in good physical, mental, and spiritual condition. Faith Missions is a Spirit filled organization and will not compromise on the Word of God regardless of your denomination, culture, or background. Applicant must understand Faith Missions is not liable for offence taken due to religious or cultural differences. Complete agreement on the above mentioned religious matters is not mandatory but is stated for the benefit of the applicant. Understand that the above statement also includes River Ministries and all other affiliated associates/organizations.

Applicant’s Full Name (Print) .....Signature: ..... Date: .....

If applicant is a minor (Younger than 18), Parent/Guardian must understand the above statement.

Parent/ Guardian’s Name (Print): .....

Signature: ..... Date: .....

**Upon completion of this form please hand deliver to Ronia or Dean at Faith Church on Sunday or Mail to the above postal address or Email to [info@myfaithmissions.com](mailto:info@myfaithmissions.com)**

**BANKING DETAILS:**

Name: Every Tribe Missions  
Bank : Standard Bank  
Branch: East London – 050021  
Account: 242713653

**Reference on EFT or deposit slip: Name and Surname**