

Short Term Trip Application

revised March 2017

Please return application to:

info@lastbell.org OR
Last Bell Ministries
PO Box 30671
Indianapolis, IN 46230

If you are unable to complete the application by writing and need to submit your application some other way, such as by answering questions out loud, please just let us know.

| Contact Information |
|---------------------------|
| Legal name: |
| Preferred name: |
| Gender: |
| Full date of birth: |
| Address: |
| City: |
| State: |
| Country: |
| Zip: |
| Primary phone number: |
| Passport number: |
| Passport expiration date: |
| Emergency contact name: |
| Emergency contact phone: |
| Emergency contact email: |

Church Reference

Your health:

Do you have any health or mental health conditions that could directly impact your trip, or have you recently experienced a major life event such as a divorce or death of a family member? *Please let us know especially if you have any food allergies.*

| Spiritual and community preparation: |
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| What benefits do you see, both for yourself and for others, coming from a short-term mission trip to another country? |
| As you think about the time you'll spend with Last Bell's staff and young people, what are you most excited about? Most anxious about? |
| As you prepare for the trip, what will you be praying for? |
| Discuss your strengths (personality, spiritual, etc.). How do you think these strengths will benefit the team and the overall ministry effort? |
| Have you ever shared living space with someone outside of your family? Please describe: |
| How do you believe your team can encourage, equip, or support the Last Bell staff and teens? |
| Please express any concerns you have about your trip: |