



Pathway to Hope Cambodia Short-Term Missionary Application

Please complete and return to:

*Mr. Jack Weertman-Cambodia Country Director
P.O. Box 5447
Granbury, TX 76049
817-573-3742 PathwayToHope@gmail.com*

PERSONAL INFORMATION

Name (as appears on passport): _____
First Middle Last

Permanent Address:

Address: _____ City: _____ State: _____ Zip: _____

Local Address (if different from permanent):

Address: _____ City: _____ State: _____ Zip: _____

Passport Number: _____

Citizenship: _____

Date of Issue: _____

Date of Expiration: _____

Date of Birth: _____

Place of Birth: _____

Home Phone: _____

Cell Phone: _____

Email Address: _____

Other ways to contact you: _____

Marital Status: Single Married Divorced Re-married Widowed (Check all that apply)

Gender: Male Female

EMERGENCY CONTACT INFORMATION

Emergency Contact Name: _____ Relationship to you: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell Phone: _____ Email: _____

EDUCATION AND EMPLOYMENT HISTORY

1. Are you a high school graduate? _____

2. List post-high school institution(s) attended.

a) School _____ Year graduated/years attended _____

Major _____ Degree(s) _____

b) School _____ Year graduated/years attended _____

Major _____ Degree(s) _____

c) School _____ Year graduated/years attended _____

Major _____ Degree(s) _____

3. List any certifications, trade skills, special gifts and abilities, hobbies, etc. _____

4. List your work experience for the past five years beginning with your most recent job held. Include employer, title/responsibilities, dates of employment, and reason for leaving.

1. _____

2. _____

3. _____

4. _____

5. Describe your most significant Employment or Volunteer experience: _____

HEALTH INSURANCE INFORMATION

Health Insurance is required for all missionaries. If you are a student taking a leave from school, you need to contact your insurance carrier to see if your current insurance will still be in force.

Do you have health insurance? Yes No

Is it applicable outside of the U.S.? Yes No

Company name: _____ Phone #: _____

Group Number: _____ Policy Number: _____

Primary person insured: _____

MEDICAL INFORMATION

How would you describe your present health? (Check one) _____ Excellent _____ Good _____ Average _____ Poor

Please describe any physical disabilities: _____

Current illnesses or conditions: _____

Current prescription medications: _____

What medicines and supplements are you currently taking now? _____

What medicines and supplements do you anticipate you will be taking while on the field? _____

List any allergies: _____

List any medications you are allergic to: _____

Have you had a physical within the last year? ___ Yes ___ No

Do you have any special dietary requirements? _____

Name of doctor: _____ Phone number: _____

Name of doctor: _____ Phone number: _____

CHURCH AND SPIRITUAL INFORMATION

Local Church _____ Years Attending _____

Address: _____ City: _____ State: _____ Zip: _____

Pastor's Name _____ Phone Number _____

Home Church _____ Years Attending _____

Address: _____ City: _____ State: _____ Zip: _____

Pastor's Name _____ Phone Number _____

What is your present and past involvement with your local and home churches? _____

What is your practice in personal prayer and Bible study? _____

Describe your relationship with Christ: _____

What spiritual gifts and skills do you have that will help you serve effectively on the mission field? _____

What is your motivation for serving the Lord on the mission field? _____

MY TESTIMONY

On a separate sheet of paper, write a paragraph using answers to the questions below. Please write in story form not just as answers to the questions.

1. What was my life like before I met Jesus Christ? (What were my needs? What got me interested in God?)
2. How did I come to know Jesus Christ as my Savior? (Who was I with? When did this happen? What did I say to God?)
3. What is my life like with Christ now? (What needs does Jesus meet? How is my life different now? How is my faith growing?)

OTHER QUESTIONS

What are your expectations for this mission experience? _____

What other mission trips have you participated in? _____

List any previous international travel experience: _____

Share any cross cultural ministry experiences: _____

What are your skills, interests, or hobbies that might be useful on the mission field? _____

Do you have physical challenges? Yes No *(If yes, please explain)* _____

Do you have emotional challenges? Yes No *(If yes, please explain)* _____

Briefly describe any major life changes you have undergone in the last year (ex.: job loss/change, family changes, death of a relative or close friend, etc.): _____

What languages do you speak fluently? _____

List all professional skills: _____

What are your top three prayer requests concerning your involvement with serving on the mission field?

How do your parents feel about you serving on the foreign field? _____

What sources of funding do you plan to use to pay for your ministry support? _____

COVENANT

If accepted as a missionary with Pathway To Hope, I understand I represent not only Pathway To Hope but also my local and home church, the Christian faith, and the United States. If selected to be a part of Pathway To Hope's mission team, I agree to:

1. Complete training and trip preparation exercises as determined by my team leader(s).
2. Conduct myself as a guest and a servant in a manner worthy of the Lord while serving Him on this trip.
3. Submit to the team leader's and field host's authority and the needs of the group over my own in a way that honors them and the Gospel.
4. Refrain from any behavior that may compromise my witness for Jesus Christ.
5. Return home at my own expense, if at any time, while on this trip, my behavior constitutes a problem as determined by the team leader.
6. Abstain from the use of alcohol, tobacco, and illegal drugs.
7. Dress in a way that is appropriate for the culture that I will be serving in and as advised by my team leader(s).
8. Not hold trip leaders, the sponsoring mission/missionaries, or Pathway To Hope responsible for any accident, injury, illness or other personal loss that might result from this trip.
9. Authorize trip leaders, as my agents, to consent to any emergency treatment that is necessary in the case of accident or illness.
10. Purchase a health insurance policy specifically for this trip if I do not have applicable coverage.

SIGNATURES

For the Pathway To Hope mission team to be successful, each person on the team needs to submit themselves first to the Lord and then to their appointed team leader(s). By signing below, you affirm that the above information is true and that you willingly submit to your team leader(s) and uphold them in prayer while on the field.

Signature

Print your name

REFERENCES

Reference 1

Name: _____ Title: _____

Email: _____ Phone: _____

How long have you known this person and in what capacity? _____

Reference 2

Name: _____ Title: _____

Email: _____ Phone: _____

How long have you known this person and in what capacity? _____

Reference 3

Name: _____ Title: _____

Email: _____ Phone: _____

How long have you known this person and in what capacity? _____

AGREEMENT AND RELEASE FROM LIABILITY

Assumption of Risk

I am aware that the mission trip poses risks including but not limited to: sickness, crime, political instability, governmental opposition to project activities, as well as similar and dissimilar risks. **I AM AWARE THAT THE MISSION TRIP MAY INVOLVE RISKS. I AM VOLUNTARILY PARTICIPATING IN THE MISSION TRIP WITH KNOWLEDGE OF THE RISKS INVOLVED. I HEREBY AGREE TO ACCEPT ANY AND ALL RISKS OF INJURY OR DEATH THAT MAY RESULT FROM MY PARTICIPATION IN THE MISSION TRIP.**

Release From Liability

As consideration for being permitted by Pathway To Hope to participate in the mission trip, as consideration for Pathway To Hope assisting in arranging the mission trip, and for other good and valuable consideration the receipt and sufficiency of which is hereby acknowledged, I hereby irrevocably and unconditionally release, waive, discharge and covenant not to sue or attach the property of Pathway To Hope, or their members, directors, officers, employees and agents (collectively referred to as the "Releasees"), for and from all claims of any nature now or hereafter existing whether known or unknown, including but not limited to all liability, on account of death, injury, or damage resulting from the negligence or other acts, however caused, of the Releasees as a result of my participation in the mission trip. **I UNDERSTAND THAT I AM GIVING UP MY LEGAL RIGHTS AND THE RIGHTS OF MY REPRESENTATIVES TO RECOVER FOR INJURY, DEATH, OR PROPERTY DAMAGE.**

Knowing and Voluntary Execution

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF ON THE ONE HAND, AND PATHWAY TO HOPE, AND/OR THEIR AFFILIATES ON THE OTHER HAND. NO ORAL REPRESENTATIONS, STATEMENTS OR INDUCEMENTS APART FROM THIS AGREEMENT HAVE BEEN MADE TO ME. I SIGN THIS AGREEMENT OF MY OWN FREE WILL.

Date Print Name of Participant Signature of Participant

Date Print Name of Spouse Signature of Spouse
(Mandatory if married)

Notice of Understanding

- **Completion of this application may not necessarily guarantee a place on the mission team.**
- **Each application will be reviewed by the board of directors and Country Director.**
- **It is each applicant's responsibility to secure the necessary finances for their mission trip.**