Polish Christian Ministries
Short Term Trip Applicant Form

Full Name of Applicant____________________________________________________

Mailing Address________________________________________________________________________

City __________________________ State _________ Zip Code__________________________

Home (__) ___________ Cell (__) ___________

Email __________________________________________

Home Church: __________________________________________________________

Date of Birth: ___/___/_______

Top Choice of Short Term Trip Dates: ___/___/______ to ___/___/______

Do you have a current Background Check? ___Yes ____ No
If yes, please attach to this form. If no, PCM will send info sheet to the above email.

In what ministry areas are you involved in the church or on the university campus?
1. __________________________________________
2. __________________________________________
3. __________________________________________

Rank these five areas in priority of interest to your participation. 1 being the highest.
___Teaching the Bible/English
___Arts and Craft
___Organizing games and recreation
___Leading worship (do you play an instrument? _____ Yes If so, what? __________/ _____No)
___Photography, computer and/or sound tech stuff

Have you ever traveled with others on a short term trip? ____ Yes ____ No
If yes, where did you go and what was your role as short term team member?

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<th>Destination</th>
<th>Purpose of Trip</th>
<th>Your specific role</th>
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What is your personal testimony of faith in Jesus Christ? 
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
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Character References
Please list one personal reference and one professional reference:
Name:_________________________________
Address:_______________________________
City/State/Zip:__________________________
Phone:________________________________
Relationship:___________________________

Name:_________________________________
Address:_______________________________
City/State/Zip:__________________________
Phone:________________________________
Relationship:___________________________

Applicant’s Signature________________________________ Date ________________

Please submit this application and $50 to PCM on or before the Registration deadline of the short term trip of your choice.

Please make checks payable to Polish Christian Ministries.

Please put in the memo of the check: Short term trip team member

Send application and check to:

Polish Christian Ministries 1212 Schucks Road, Bel Air, Maryland 21015
Contact Dave Hatfield at dave.hatfield@sbcglobal.net or call 810-923-0226 (cell).