

Daystar Church Regional Missions Trip

Applicant Information

This information will be confidential and only be reviewed by the Missions Leadership Team and the Pastoral Staff at Daystar Church. You will be contacted upon acceptance after the application deadline. (PLEASE PRINT NEATLY IN BLUE OR BLACK INK)

Trip Preference: _____

Full Name: _____
Last First Middle

Address: _____
Street Apt.

City State Zip

Home Phone: _____ Other Phone: _____

E-mail Address: _____ Date of Birth: _____

Secondary Email Address: _____

Age: _____ Marital Status: _____ T-Shirt Size: _____

APPLICATION QUESTIONNAIRE

(ALL questions must be filled out in order to submit this Application).

1. Have you attended Growth Track at Daystar Church? If so, which classes have you completed? (This is not a requirement to participate on this trip)
2. Please briefly describe your strengths, skills, and spiritual gifts.
3. Please describe your weaknesses or areas in which you desire to grow.
4. How would you describe your relationship with God?
5. Why are you planning to participate on this missions trip?

MEDICAL INFORMATION

6. Describe any health conditions or physical restrictions you have.