



*A Faith for Family  
Evangelism Initiative*

Thank you for your interest in being a part of the Pennsylvania Conference Mission Trip to Philadelphia. This Mission Trip is being sponsored by the Pennsylvania Conference Faith for Family initiative, Pennsylvania Conference CORE Program, and the Pennsylvania Conference Youth Department. If you have any questions concerning the application process please feel free to contact us through the information provided below.

This application, along with a \$100 non-refundable application fee and at least 2 references are needed and turned into the Youth Department no later than April 15th, 2021.

Make Checks or Money Orders payable to:  
Pennsylvania Conference Of Seventh Day Adventists  
MEMO: Mission Trip

720 Museum Rd  
Reading, PA 19611

1-610-374-8331  
tcasey@paconference.org

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## APPLICANT SECTION

Last Middle First

Address Number & Street City/Town State, Zip Code

Home Phone # Cell Phone #

Current School If Applicable Email

# 2

## EMERGENCY CONTACT

Last Middle First

Address Number & Street City/Town State, Zip Code

Home Phone # Cell Phone #

Relationship Email

# 3

## PERSONAL INFORMATION

Male Female DOB (MM/DD/YY):

English is my first language

English is my second language I also speak:

Do you have health insurance? Yes No

Who is your health insurance provider?

Are you bringing a vehicle? Yes No

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## QUESTIONNAIRE

How did you hear about the Mission Trip?

What are some of your hobbies and pastimes?

Share some of your favorite authors and why you like them:

Describe your understanding of the third angel's message (Revelation 14) as it pertains to us today (leave blank if you are not sure):

What talents and abilities do you already have that you could bring to the Mission Trip?

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## ABOUT YOU

Do you understand the fundamental beliefs and practices of the Seventh-day Adventist Church?      Yes      No

Are you in agreement with them?      Yes      No

If not, please explain why:

Are you a baptized member of the Seventh-day Adventist Church?      Yes      No      Baptismal Date:

Local Church:

Name of Pastor:

Pastor's Phone:

Describe how you came to know Jesus:

What would you say are some the biggest challenges/issues facing teenage boys and girls of this generation?

Have you ever done Literature Evangelism? Yes No

If Yes, Specify:

Have you ever given Bible Studies before? Yes No

If Yes, Specify:

Have you ever taken part in a Evangelistic Series? Yes No

If Yes, Specify:

Have you ever taken part in a Community Project? Yes No

If Yes, Specify:

What are three of your personal goals for the next 2-3 years?

1.

2.

3.

What do you hope to learn from being part of this Mission trip?

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## MEDICAL HISTORY

It is very important that the following questions be answered as accurately as possible. If you have any questions regarding any of them feel free to call our office for any clarification.

Do you have or have you had any significant physical conditions or special limitations (climate, diet, exercise, stamina, eating disorder, depression, prescription medication)?

Yes                      No

If Yes, please explain. (When? For how long? Is this a current condition? If not, when did it end?) Also include the name and phone number of your attending physician.

Yes                      No

Have you ever seen a counselor or therapist for any reason (including addiction)?

Yes                      No

If Yes, when and for what?

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## LEGAL RECORDS

Have you ever had an arrest for any violation that resulted in a conviction, a plea of guilty, or no contest, probation, community service, a summary report, or some other form of adjudication (other than a minor traffic violation)?

Yes

No

If Yes, please explain:

Do you have any pending charges or are you under any type of legal investigation?

Yes

No

If Yes, please explain:

Have you ever been accused of any kind of abusive behavior? If so, when, by who, and for what?

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## REFERENCES

Three reference forms should be completed and submitted either directly by the reference, or in an envelope sealed by the reference, to complete your application.

References should be someone who has known you for at least 6 months and can testify to your spiritual, mental, and social maturity. A working phone number must be provided for each reference.

By my signature, I certify that the statements and information furnished by the undersigned in this application form are true and complete.

Applicant Signature

Date

Parent/Guardian Signature (if under 18)

Date