



# The Arms of Jesus Children's Mission - CANADA

## SHORT-TERM MISSION TEAM APPLICATION

Please fill out this form completely and send it by mail, fax or email to our Canadian office.

### General Information

Group Leader's Name: \_\_\_\_\_

Group Name: \_\_\_\_\_

Denomination: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Numbers: Home: \_\_\_\_\_ Work: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Emergency Contact Number: (while group is on outreach) \_\_\_\_\_

Outreach Date Preferences: \_\_\_\_\_

What is the expected size of your group? \_\_\_\_\_

*\*Please clear any increases or decreases in size, in advance through our office.\**

### General Questionnaire

How many leaders or chaperones will be coming with your group? \_\_\_\_\_

Does your group have any translators? If yes, how many? \_\_\_\_\_

Does your group have any special talents or abilities that may be utilized during ministry?

\_\_\_\_\_  
\_\_\_\_\_

Will your team have any problem with doing physical labor or walking up to two miles per day during outreach?

\_\_\_\_\_

Do you or any of your team members need to take any medication? If so, please specify.

\_\_\_\_\_  
\_\_\_\_\_

Do you or any of your team members have any food allergies or any other allergies that we should be aware of?

\_\_\_\_\_  
\_\_\_\_\_





# The Arms of Jesus Children's Mission - CANADA

## **GROUP LIST**

Please fill out this form completely and return it to our Canadian office via mail, fax or email.

Church Name: \_\_\_\_\_

Group Leader: \_\_\_\_\_

Date of Outreach: \_\_\_\_\_

On the following lines, please list the names, age, sex and T-Shirt size (S, M,L, XL, XXL) of each participant:

1) Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Size: \_\_\_\_\_

2) Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Size: \_\_\_\_\_

3) Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Size: \_\_\_\_\_

4) Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Size: \_\_\_\_\_

5) Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Size: \_\_\_\_\_

6) Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Size: \_\_\_\_\_

7) Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Size: \_\_\_\_\_

8) Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Size: \_\_\_\_\_

9) Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Size: \_\_\_\_\_

10) Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Size: \_\_\_\_\_

11) Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Size: \_\_\_\_\_

12) Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Size: \_\_\_\_\_

13) Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Size: \_\_\_\_\_

14) Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Size: \_\_\_\_\_

15) Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Size: \_\_\_\_\_





# The Arms of Jesus Children's Mission - CANADA

## **GROUP ARRIVAL/DEPARTURE INFORMATION**

Please fill out this form completely and return it to our Canadian office via mail, fax or email.

### **General Information**

Church Name: \_\_\_\_\_

Group Leader: \_\_\_\_\_

Date of Outreach: \_\_\_\_\_

Emergency Contact Person for arrival and departure days: (name & phone number) \_\_\_\_\_

### **Arrival Information**

Form of arrival: Airplane \_\_\_\_\_ Bus \_\_\_\_\_ Your own vehicle \_\_\_\_\_

Date of Arrival: \_\_\_\_\_ Scheduled Time of Arrival: \_\_\_\_\_

Name of Carrier: \_\_\_\_\_ Flight Number: \_\_\_\_\_

Connecting Flight Information: \_\_\_\_\_

### **Departure Information**

Date of Departure: \_\_\_\_\_ Scheduled Time of Departure: \_\_\_\_\_

Name of Carrier: \_\_\_\_\_ Flight Number: \_\_\_\_\_

### **Other Assistance**

If you are staying an extra day, will you need to stay at the hotel? \_\_\_\_\_

Please include any information that might be helpful for us: \_\_\_\_\_

