

Pacific Southwest District-LWML
Short Term Mission Application
Trip Year

Name _____ (Please list name for badge _____)

Address _____
List mailing and residence address please

Phone number: _____ home _____ work _____ cell _____

Email _____ **Fax** _____

Mission Trip- _____

Do you have: ___Transportation ___Lodging ___Dietary Needs ___Other? Please explain.

Please read then sign.

I understand that this Short Term Mission Trip is an opportunity provided but not funded by the PSD-LWML. . In the event of an emergency, I understand I will be transported to the nearest appropriate facility. I carry my own medical and liability insurance and understand the PSD-LWML is not responsible or liable for any accidents and/or illness or the costs incurred.

Name _____ Da _____

Emergency Contact: _____ relationship _____

Phone number: _____ home _____ work _____ cell _____

Medical Information:

Physican/Contact _____ - _____

Medical Insurance _____ - _____

(Copy insurance card if possible)

(Number)

Medicines _____

Allergies _____

LCMS Congregation you attend _____

Pastor's Signature _____ Date _____

By applying for this mission, I understand that I am representing the PSD-LWML and therefore am expected to participate in all the planned mission activities, devotions and Bible studies.

_____Name _____Date

Please give us a brief reason as to why you would like to go on a Short Term Mission.