



PLEASE ATTACH PHOTO

Application Form for Travellers

Important: To be considered for a ministry trip with HOPE Outreach, please answer the following questions. All information is confidential. Please PRINT CLEARLY.

Mission for which you are applying:.....

1. Surname:..... First Name:..... [PLEASE NOTE: Names should be exactly as they appear on Passport]

Nick name:.....

2. Address:.....

City:..... Prov./State:..... Postal code:.....

Tel. Home:..... Tel. Office:.....

E-mail:..... Mobile:.....

3. Date of Birth:...../...../..... Place of Birth:.....
Day Month Year

4. Profession/Occupation:.....

5. Person to contact in case of emergency:.....

Relationship to you:.....

Address:.....

City:..... Prov. / State:..... Postal code:.....

Tel. Home:..... Tel. Office:..... Mobile:.....

Email:.....

6. Marital Status: [ ] Single [ ] Married [ ] Widow/er [ ] Engaged [ ] Divorced

If married, name of your husband/wife:.....

What does your family think about you making this trip?

.....
.....

7. Nationality:..... Passport Number:.....

Issue date:..... Place of issue:..... Valid until:.....

Please attach a copy of the photo page of your passport, the one you will use for this mission trip. If you do not have a passport now or it must be renewed, please send as soon as possible.

8. List any foreign languages you speak?.....
9. Do you have a criminal record?  Yes  No If yes, please give details: .....
- .....
10. Do you know of any reason why you might be refused entrance to a foreign country?  Yes  No  
If 'yes' please give details:.....
11. Which church/fellowship do you attend?..... Denomination:.....  
What is your involvement in your church?.....
- .....
12. Do you have experience in any of the following fields? Please give details.
- Preaching/public speaking: .....
- Pastoral care: .....
- Youth-work: .....
- Worship leadership/music/vocal: .....
- Other: .....
13. To help us get to know you better, please write a short testimony about your Christian faith journey.  
Please use a separate page.
14. How did you learn about HOPE Outreach and this mission trip? .....
- .....
15. Why do you want to participate? .....
- .....
16. What do you hope to achieve/learn on this mission? .....
- .....
17. Have you participated in an overseas mission before?
- If yes, when and where to: .....
- .....
- .....
18. Have you ever travelled or lived in any foreign country?  Yes  No If yes, please give details:

Country	Dates (Month/Year)	If applicable, name of tour or mission group with which you travelled

20. How is your general health?  very good  fair  poor  
(If you are 70 years of age or over you will need to submit a Doctor's Certificate stating that you are fit to travel)
21. Presently, are you taking any medications?  Yes  No If yes, names and conditions? .....
- .....
- .....
22. Food allergies?  Yes  No If yes, please list? .....
23. Do you have any special dietary requirements and if so, what? .....
24. Please provide us with the names of two references (not related) who know you well. **One should be your Pastor or a spiritual mentor.**
- |                            |                            |
|----------------------------|----------------------------|
| Name .....                 | Name .....                 |
| Address .....              | Address .....              |
| City ..... Postcode .....  | City ..... Postcode .....  |
| Phone .....                | Phone .....                |
| Email .....                | Email .....                |
| Length of time known:..... | Length of time known:..... |

Note: You must be at least eighteen years of age to participate in this mission trip unless travelling with a parent or guardian.

I declare that all questions have been answered fully and accurately to the best of my knowledge and ability.

Signature of applicant: ..... Date: .....

**Please send form to: HOPE Outreach of Canada  
PO Box 32010 RPO Northland  
London, ON N5V 5K4**

With this application you received a mission participant information form. Please read it carefully. You will be advised soon after receipt of this completed application form of your acceptance. Upon acceptance, you will be sent and asked to submit completed release and emergency medical authorization forms.

**Checklist**

Please ensure that you have enclosed the following items:

- Complete application (3 pages)
- A recent passport-size photograph (attached to the front of this Form)
- A clear/legible photocopy of the photo ID page of your passport
- If 70 years of age or over, please include a doctor's certificate/letter stating that you are fit to travel

If you have any questions about the mission or this application, please call the HOPE Outreach office at (519) 473-4267 or email us at office@hopeoutreach.ca.