

**Application for GO TELL Missions Team / GO TELL Crusades Missions Department**

Name \_\_\_\_\_

Home address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_

Cell phone \_\_\_\_\_ Email \_\_\_\_\_

I am a: Pastor \_\_\_\_\_ Church staff member \_\_\_\_\_ Lay person \_\_\_\_\_ Student \_\_\_\_\_

Parents' names if under age 18 \_\_\_\_\_

Do you have a passport? \_\_\_\_\_ If yes, be sure the expiration date is not within six months of your scheduled return date.

Where is your church membership? \_\_\_\_\_

Church address \_\_\_\_\_

Pastor's name \_\_\_\_\_ Phone \_\_\_\_\_

Have you ever been on a missions trip with GO TELL Crusades? \_\_\_\_\_

If so, please describe your experience and list the date/destination of the trip. \_\_\_\_\_

Have you ever been on any other missions trip? Be specific and give full details of your work. \_\_\_\_\_

On the back of this form, please write your personal testimony.

Please enclose your \$35 nonrefundable registration fee with this completed application to our office in the enclosed envelope.

Date/destination of the missions trip for which you are applying \_\_\_\_\_

*I realize that, if I am accepted, working on this missions trip is a privilege, not a right.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please print name \_\_\_\_\_

GO TELL Crusades Department

P.O. Box 2138

Duluth, GA 30096

770-622-5600 ● 1-866-I-GO-TELL ● 770-622-5603 fax