



S.O.S. MINISTRIE

TRAVEL CARD INFORMATION

NAME (As appears on Passport):

First Middle Last

MALE: _____

FEMALE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE (home): _____ (cell): _____

E-MAIL: _____

MARITAL STATUS: Married Single Other (Circle one)

DESIRED T-SHIRT SIZE: Small Medium Large XL XXL (Circle One)

DESIRED SHORT TERM TEAM DATE: _____

PASSPORT NUMBER: _____

DATE OF ISSUE: _____ EXPIRATION DATE: _____

CITIZENSHIP: _____

DATE OF BIRTH: _____

ATTACH
RECENT
PHOTO
HERE

Application for Short Term Teams

(Please Type or Print)

Today's Date: _____

Name _____

Address _____

City _____ State _____ Zip _____

Phone (home) _____ (cell) _____

Date of birth _____ Place of birth _____

Marital Status: Single _____ Married _____ Other _____

Person to contact in case of emergency _____

Name of your Church _____

Church address _____

Church phone number _____

Pastor name _____

Why would you like to serve on a short term team? _____

What gifts, talents and abilities do you have that could be useful to the team? _____

Describe your spiritual journey in coming to know Christ: your life before Christ, your conversion, and your current walk with Christ: _____



(Note: This form is needed if you are under age 18)

Date: _____

Parent/Guardian permission for Short Term Mission Trip with S.O.S. Ministries for:

I, _____, the parent/ guardian of
(Parent's name)

_____, give permission for him/ her to travel to
(child's name)

_____ on the Mission Trip Team. I understand that the
(name of country)

leader is _____. I understand that in case of a health
(name of leader)

emergency, _____ will be authorized to sign for my
(name of leader)

son/ daughter and will notify me as soon as possible of this emergency.

Signed: _____

Address: _____

Phone #: _____

Fax #: _____

E-mail: _____



IN CASE OF EMERGENCY

CONTACT PERSON: _____

RELATIONSHIP: _____ E-MAIL: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ WORK PHONE: _____

FATHER'S NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____

MOTHER'S NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____

Return ALL ORIGINAL completed documents to:

S.  *S. Ministries*

**P.O. Box 16712
Clearwater, FL 33766**