

Application Form

Cambodia 2024

Grand Centre Alliance Church

Please complete this entire form and return it to the church office.

Personal Information

1. (Mr. Mrs. Miss) _____
2. Address: _____
City, Province: _____
Postal Code: _____
3. Date of Birth: ____/____/_____

Health Record

4. Evaluate your health (circle 1): Excellent Good Fair Poor Explain if Fair or Poor:

5. Do you have any chronic ailments or physical disabilities we should be made aware of? Will these prevent you from eating certain types of food or mild exercise?

Yes / No

If yes, please explain.

6. Are there any medical or mental health conditions that we need to be aware of while on this trip? Yes / No If yes, please explain.

7. In case of emergency, please list any medications that you take regularly. (Prescription or Over the Counter)

Spiritual Health

8. Tell us about your walk with Christ, how did you come to follow Him?

9. State briefly your current relationship with Christ:

10. Give reasons why you would like to go with Grand Centre Alliance Church to Cambodia:

Other

11. What do you hope to learn from this trip?

Personally:

Culturally:

Spiritually:

12. Have you previously participated in a short-term missions trip with us or any other church/organization? If so, please describe.
