



STAMP

Short Term Adult Missions Program

Prior Participant Application

STAMP Trip for which you are applying: _____ Year: _____

Name: _____ Age: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____ Work: _____

E-mail: _____

Marital Status (Please circle): Single / Married / Separated / Divorced / Widowed

Name of Spouse: _____

If necessary, please use the back of this form or a separate sheet of paper to answer any of these questions.

1. Briefly describe why you would like to go on this mission trip.
2. If you are married, does your spouse support this application? ____ Yes ____ No
If no, please explain.
3. Are you a member or regular attendee of Greentree Church? ____ Yes ____ No
If no, what church do you attend? _____
* Please submit Pastoral Reference form along with your application
4. How long have you attended Greentree Church/your current church?
5. Please list the areas of church ministry in which you have served, past and present.
- 5a. Please list church small groups you attend. (Please note: church service and/or small group involvement is a prerequisite for participation with STAMP)

6. If accepted for this ministry, you will be asked to attend orientation and training sessions (either in person or by video chat). These sessions are mandatory and may increase in frequency as the departure date nears. Is that a problem for you? ___ Yes ___ No

Comment:

7. You will be asked to recruit at least seven persons as prayer partners for this trip. Please list *at least* seven potential prayer partners.

8. Do you have **any** known medical condition which may affect you when going into an area where there may be physical stresses and lack of adequate medical care and where emergency services may not be readily available?
_____ Yes _____ No If yes, please describe.

A. Are you taking **any** prescription medication? _____ Yes _____ No

(Please Note: If you take prescription medication, we ask that you inform your team leader of your medical situation for precautionary reasons.)

B. What are the risks and/or complications if you don't take your medication?

9. In case of emergency contact:

Name: _____ Relationship to you: _____

Address: _____

Phone: Home _____ Cell _____ Other _____

Email: _____

Please note: The Leadership of Greentree Church reserves the right to decline acceptance or defer participation in the STAMP Ministry should an applicant be experiencing spiritual, relational or counseling concerns at any time during the application or preparation process.

**Please submit a \$150 nonrefundable deposit with each application.
Make checks payable to Greentree Church.**

Please keep a copy of the questionnaire & your application for your records. Return the originals to:

**Mail: Pastor of Outreach or E-mail: Pattedeschi@greentree.org
Greentree Church
125 Schoolhouse Road
Egg Harbor Township, NJ 08234**