



STAMP

Short Term Adult Missions Program

New 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. 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

2. How long have you attended Greentree Church/your current church?

3. Please briefly explain your conversion experience and describe your Christian growth/devotional life.

4. Please list the areas of church ministry in which you have served, past and present.

4a. Please list church small groups you attend. (Please note: church service and/or small group involvement is a prerequisite for participation with STAMP)

5. Briefly describe why you would like to go on this mission trip.

6. Please list the skills and experiences you have that you think will be useful on this trip/team.

7. Please describe your interest and experience in cross-cultural ministry.

8. Do you speak a foreign language? Yes No (This is not a requirement.)

If yes, which ones?

9. Describe how you think you will adapt to working in a foreign culture.

10. If you are married, does your spouse support this application? Yes No

If no, please explain.

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

12. 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

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

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

13. Is there other information about you that would be helpful in making an informed decision concerning your application to join the team?

14. 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:

15. Do you consider yourself resilient & flexible should things not go according to plan either in the US or overseas? ___ Yes ___ No

Comments:

16. In case of emergency contact:

Name: _____ Relationship to you: _____

Address: _____

Phone: Home _____ Cell _____ Other _____

Email: _____

17. Are you a U.S. citizen or legal resident of the U.S.? ___ Yes ___ No

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**

