

Hannah's Hands International, Inc.
www.hannahshands.org
P.O. Box 5097
Cary, NC 27512-5097 USA

Short Term Mission's Application

Please complete the following Short-Term Mission's Application and return by: _____

1. Full legal name: _____
2. Name which you prefer to be called: _____
3. Date of Birth: _____
4. Home Address: _____
5. School Address: _____
6. Home Phone:(____)_____ Work Phone:(____)_____ Cell Phone: (____)_____
7. E-mail address: _____
8. Profession: _____ Student: _____
9. Married: _____ Single: _____ Divorced: _____ Minor: _____
10. Health: Excellent: _____ Good: _____ Fair: _____ Poor: _____
11. List any health conditions that may impact you on the mission's trip: _____
_____ Blood Type : _____
11. Please list current vaccinations: _____
12. Medication Allergies: _____
13. Dietary Restrictions or Food Allergies _____
14. Home Church: _____
15. Christian Service: _____
16. What ministries are you interested in: Medical Clinic: _____ Dental Clinic: _____
Shoe Clinics: _____ Purse Ministry: _____ Evangelism: _____
Construction: _____ Orphanage/Church Repairs: _____ VBS: _____
Caring for Orphans: _____ Children Reading Programs: _____
Working with Pastors in remote villages: _____ Teen Pregnancy Center: _____
17. Do you have a current Passport? _____ Please list your Passport #: _____

18. Please share your experience in coming to faith in Christ Jesus.

19. Please read and sign the Statement of Faith if you are in agreement with Hannah's Hands Statement of Faith, return with your application and \$100.00 application fee.

20. Please list four references who can speak to your character, spiritual, and emotional maturity.

Name	Address/Email	Phone Number
1) Pastor		
2)		
3)		
4)		

I, _____, hereby give my permission for HHII to inquire as to my character, spiritual and emotional maturity.

This application is truthful and complete to the best of my knowledge.

Signed: _____ Date: _____