

GENERAL INFORMATION

NAME _____

Have you been on a cross-cultural mission trip before? Yes No WHERE YOU HAVE VISITED: _____

In what areas have you served the local church?

GIFTS & TALENTS INFORMATION

Please rank your gifts, talents, or skills that you are willing to use on this trip from 1 (highest) to 5 (lowest)

All ministry opportunities are based on skill set and will be determined by a Gospelink staff member and/or our physician in charge, if applicable.

<input type="radio"/>	Preaching	<input type="radio"/>	Women's Ministry	<input type="radio"/>	Musical Instruments <i>specify below</i>	<input type="radio"/>	Masonry
<input type="radio"/>	Teaching	<input type="radio"/>	Men's Ministry	<input type="radio"/>	Electrical	<input type="radio"/>	Health Services <i>specify below</i>
<input type="radio"/>	Singing	<input type="radio"/>	Photography	<input type="radio"/>	Plumbing	<input type="radio"/>	Other <i>specify below</i>
<input type="radio"/>	Children's Ministry	<input type="radio"/>	Videography	<input type="radio"/>	Carpentry		
<input type="radio"/>	Youth Ministry	<input type="radio"/>	Drama	<input type="radio"/>	Painting		

Please list any additional information here. Include any applicable certifications/licenses that you have.

OFFICE
USE
ONLY

RECEIVED

SUBMITTED TO
GL STAFF

Please tell us about your personal spiritual journey and why you wish to participate in a Gospelink Mission Trip:

SAVE & SEND

Please save a copy for your records & send your completed form to:
LMNels@Gospelink.org | **Gospelink, PO Box 1160, Forest, VA 24551**