

# SHORT-TERM MISSION SERVICE APPLICATION

Thank you for your interest in missionary service through The Lutheran Church—Missouri Synod.  
Please complete all sections, sign and return to:

LCMS Short-Term Mission  
Office of International Mission  
1333 S. Kirkwood Road, St. Louis, MO 63122-7295  
or email to [mission.teams@lcms.org](mailto:mission.teams@lcms.org).

*Married applicants: We ask that both the applicant and their accompanying spouse submit complete applications.*

## PERSONAL DATA

ARE YOU 18 YEARS OR OLDER?    YES    NO

LEGAL NAME: TITLE \_\_\_\_\_ FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_ LAST \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

EMAIL \_\_\_\_\_

CELL PHONE \_\_\_\_\_ HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

## RELIGIOUS AFFILIATION

RELIGIOUS AFFILIATION    LCMS    OTHER \_\_\_\_\_

CONGREGATION NAME \_\_\_\_\_ PASTOR'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

## MISSION PREFERENCE

TYPE OF (OR SPECIFIC) POSITION APPLIED FOR:    SHORT-TERM (INDIVIDUAL)    SHORT-TERM (TEAM)    MERCY MEDICAL TEAM (MEDICAL SPECIALTY: \_\_\_\_\_)

AVAILABILITY:    1-2 WEEKS    1-2 MONTHS    2+ MONTHS    REFERRED BY: \_\_\_\_\_

DATES AVAILABLE FOR SERVICE: \_\_\_\_\_    MY DATES ARE FLEXIBLE

GEOGRAPHICAL PREFERENCE (CHECK ALL THAT APPLY)    ANY WORLD REGION    AFRICA    ASIA    EURASIA    LATIN AMERICA    OTHER \_\_\_\_\_

## OTHER INFORMATION

DO YOU HAVE RELATIVES EMPLOYED BY OR SERVING WITH THE LCMS?    NO    YES, NAME(S) \_\_\_\_\_

ARE YOU A CITIZEN OF THE UNITED STATES OR DO YOU HAVE A VALID AUTHORIZATION TO LIVE IN THE UNITED STATES?    NO    YES

HAVE YOU EVER BEEN DISCHARGED OR ASKED TO RESIGN BY A PREVIOUS EMPLOYER?    NO    YES, PLEASE EXPLAIN \_\_\_\_\_

## EDUCATION

SCHOOL NAME	ATTENDED	GRADUATED	YEAR GRADUATED	DEGREE / MAJOR / SCHOOL
HIGH SCHOOL _____	YES	YES	_____	_____
TECHNICAL/TRADE SCHOOL _____	YES	YES	_____	_____
COLLEGE/UNIVERSITY _____	YES	YES	_____	_____
GRADUATE/PROFESSIONAL _____	YES	YES	_____	_____

## CROSS-CULTURAL EXPERIENCE

PLEASE LIST ANY SIGNIFICANT CROSS-CULTURAL EXPERIENCE YOU HAVE HAD

DATE	LOCATION	BRIEF DESCRIPTION OF ACTIVITY
_____	_____	_____
_____	_____	_____
_____	_____	_____

## LANGUAGE SKILLS

LANGUAGES (LIST ONLY THOSE IN WHICH YOU HAVE ACHIEVED SURVIVAL PROFICIENCY AND ABOVE)

DESCRIPTION OF PROFICIENCIES (PLACE THE NUMBER 1-4 IN PREVIOUS COLUMN)

LANGUAGE	PROFICIENCY NUMBER
_____	_____
_____	_____
_____	_____

- 1. SURVIVAL** – Able to satisfy limited needs and maintain very simple face-to-face conversation on familiar topics.
- 2. LIMITED WORK** – Able to satisfy limited work requirements and social demands that are routine in nature.
- 3. GENERAL PROFESSIONAL** – Able to speak with sufficient grammatical accuracy and vocabulary to participate in most formal and informal conversations.
- 4. ADVANCED PROFESSIONAL** – A great deal of fluency, grammatical accuracy and precision of vocabulary on all levels.

## EMPLOYMENT & BUSINESS EXPERIENCE

PLEASE PROVIDE YOUR EMPLOYMENT HISTORY FOR YOUR LAST TWO POSITIONS.

**MOST RECENT EMPLOYER** ARE YOU CURRENTLY WORKING FOR THIS EMPLOYER? YES NO

1. COMPANY NAME \_\_\_\_\_

COMPANY CITY \_\_\_\_\_ STATE \_\_\_\_\_ EMPLOYED FROM \_\_\_\_\_ TO \_\_\_\_\_

STARTING POSITION \_\_\_\_\_ ENDING POSITION \_\_\_\_\_

BRIEF JOB DESCRIPTION \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

2. COMPANY NAME \_\_\_\_\_

COMPANY CITY \_\_\_\_\_ STATE \_\_\_\_\_ EMPLOYED FROM \_\_\_\_\_ TO \_\_\_\_\_

STARTING POSITION \_\_\_\_\_ ENDING POSITION \_\_\_\_\_

BRIEF JOB DESCRIPTION \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

## ACKNOWLEDGEMENT OF UNDERSTANDING AND CONSENT

PLEASE READ BEFORE SIGNING. IF YOU HAVE ANY QUESTIONS REGARDING THIS STATEMENT, PLEASE CALL 888-843-5267.

This organization does not discriminate on the basis of race, color, national origin, sex, age or disability for service opportunities. Because we are a church body, The Lutheran Church—Missouri Synod retains the right to give preference to persons who are members in good standing of an LCMS congregation.

It is understood that this application is not an obligation to provide a volunteer service opportunity. The application will be kept active for one year, and it must be renewed to be active for a longer period.

I hereby certify that the statements made in this application are true and complete, to the best of my knowledge, and I authorize investigation of those statements.

I understand that all volunteers of the LCMS are expected to respect the official doctrines of the LCMS and to pursue lifestyles that are morally in harmony with its teachings.

I agree that I have read and understand the above acknowledgments and agreements.

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

## LCMS VOLUNTEER REFERENCES

PLEASE LIST BELOW THREE PERSONS WE MAY CONTACT AS REFERENCES. YOUR FIRST REFERENCE SHOULD BE YOUR PRESENT PASTOR. DO NOT INCLUDE RELATIVES FOR YOUR FINAL TWO REFERENCES. MERCY MEDICAL TEAM VOLUNTEERS SHOULD LIST AT LEAST ONE PROFESSIONAL BUSINESS REFERENCE.

### REFERENCES

#### 1) PASTOR REFERENCE

NAME: TITLE \_\_\_\_\_ FIRST \_\_\_\_\_ LAST \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_ LENGTH OF ACQUAINTANCE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

EMAIL \_\_\_\_\_ TELEPHONE \_\_\_\_\_

#### 2) REFERENCE      PERSONAL      PROFESSIONAL

NAME: TITLE \_\_\_\_\_ FIRST \_\_\_\_\_ LAST \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_ LENGTH OF ACQUAINTANCE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

EMAIL \_\_\_\_\_ TELEPHONE \_\_\_\_\_

#### 3) REFERENCE      PERSONAL      PROFESSIONAL

NAME: TITLE \_\_\_\_\_ FIRST \_\_\_\_\_ LAST \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_ LENGTH OF ACQUAINTANCE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

EMAIL \_\_\_\_\_ TELEPHONE \_\_\_\_\_

