

# Impact Student Missions Application

Name: \_\_\_\_\_ D.O.B \_\_\_\_\_ Gender: \_\_\_\_

Current Grade: \_\_\_\_\_ School: \_\_\_\_\_

Member of Agape' Christian Church: Yes No If No, where: \_\_\_\_\_

Parents Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Student Cell #: \_\_\_\_\_ Do you have Texting: Yes No

Mailing Address: \_\_\_\_\_

Student Email: \_\_\_\_\_

Parent Email: \_\_\_\_\_

What is the best way of contacting you: \_\_\_\_\_

As best you can and in your own words please take some time to answer the 3 questions below. Use a separate sheet of paper if you run out of space.

1) Explain why you would like to participate in this mission trip.

2) What are your gifts & talents and how do you envision sharing those gifts with others?

3) How does your faith life influence your desire to participate in a summer Mission Trip?