



2019 OMNWomen Belgium Missions Trip

Trip Info:

- April 4-13, 2019 – 10 day experience
- Where: Brussels, Belgium
- Total cost: \$2,250
 - Includes: travel, housing, meals
Spending money is each individual's responsibility
- Must be 18+ years of age

Application Process:

- Fill out application
- Include photo copy of passport
- Mail, email, or fax to the Ohio Ministry Network

Please note:

- All applications and a \$500 deposit must be received by August 1, 2018!
- Space is limited on this trip, therefore not all applications are guaranteed to be accepted.
- Payment Timeline:
 - August 1 - \$500
 - October 1 - \$500
 - December 1 - \$500
Trip is nonrefundable after this Dec. 1st payment
 - January 30 – Final Payment

Mail to:

Attn: OMNWomen
8405 Pulsar Place
Columbus, OH 43240

Fax: 614-396-0701

Email: omnwomen@ohioministry.net

Make checks payable to:

Ohio Ministry Network
8405 Pulsar Place
Columbus, OH 43240

For other payment options, please contact our OMNWomen office.

614-396-0700

Personal Information (As appears on passport)		
Name:		
Date of Birth:	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Address:		
City:	State:	Zip:
Home #	Work #	Cell #
Email Address:		
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Engaged <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced		
Spouse Name:		
T-shirt Size: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL		

Passport Information	
Name (as on passport):	
Passport Number:	Issue Date:
Issuing Country:	Expiration Date:

Social Media
Facebook Name (Required for private team Facebook group):
Instagram Name:

Mission Trip Experience		
Previous Mission Trip Experience: Yes/No	Foreign Missions: Yes / No	In-state: Yes / No
Location of Most Recent Trip:	Date of Most Recent Trip:	
With What Church/Organization?		
Activities you were a part of on most recent trip:		

Employer Information		
Occupation:		
Place of Employment:		
Address:		
City:	State:	Zip:

Emergency Contact 1		
Name:	Relationship:	
Address:		
City:	State:	Zip:
Primary Phone:	Cell:	
Email Address:		

Emergency Contact 2		
Name:	Relationship:	
Address:		
City:	State:	Zip:
Primary Phone:	Cell:	
Email Address:		

Emergency Contact 3		
Name:	Relationship:	
Address:		
City:	State:	Zip:
Primary Phone:	Cell:	
Email Address:		

Church Information		
Church Name:	Senior Pastor Name:	
Church Address:		
City:	State:	Zip:
Church Phone:		
Current involvement in local church outreach and/or volunteer activities:		

Health Information	
Health:	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
Any comments on above answer:	
Do you presently have any physical limitations or restrictions? Yes / No	
If yes, please explain:	
Are you able to walk 1+ miles at a time? Yes / No	
Please list any medical dietary restrictions or requirements:	
Are you currently taking any prescription medication? Yes / No	
If yes, please list:	

Personal Testimony

Please describe when you accepted Jesus Christ as your Lord and Savior:

List any spiritual gifts, special skills or any other ministry-related experiences you may have that could be utilized on this trip(Ex: beautician, seamstress, musician, public speaking):

Are you willing to help wherever needed? Yes / No

Briefly describe your interests/expectations for this trip:

Applicant Signature: _____

Date: _____

Pastor's Approval Signature: _____

We plan to have our first team meeting at Time Apart, September 28-29, and will introduce the Belgium team on the Saturday of Time Apart. It is not required to attend, but strongly encouraged.