

CAPITAL CHURCH ESWATINI APPLICATION FORM, PAGE 1 of 5



ESWATINI MISSION TEAM APPLICATION

Trip Applying for: _____
MONTH & YEAR

Comments: _____

PERSONAL INFORMATION

Applicant Name: _____
As it appears on your passport

Name you prefer to go by, if different than above: _____

Home Address: _____

Phone number: _____ cell home

Email Address: _____

Occupation: _____

Employer: _____ Start Date: _____ / _____ / _____
MONTH DAY YEAR

Marital Status: Single Married Divorced Widowed Engaged

Spouse Name: _____ Years Married: _____

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 **ESWATINI MISSION TEAM APPLICATION**

Passport Number: _____ Issue Date: _____ / _____ / _____
MONTH DAY YEAR

Expiration Date: _____ / _____ / _____
MONTH DAY YEAR

Date of Birth: _____ / _____ / _____ Place of Birth: _____
MONTH DAY YEAR CITY & STATE

Current Nationality: _____ Previous Nationality: _____

Specific skills you hope to utilize for this project/trip:

Why you would like to participate on this project/trip:

Have you served on a mission team before?: _____

If yes, where/when: _____

List previous international experience: _____



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Do you regularly attend Capital Church?: _____ If so, for how long?: _____

List church affiliation if other than Capital: _____

Describe your church involvement:

GENERAL HEALTH INFORMATION

The following medical information is required to be kept confidential by Capital Church under applicable law. It is important to your team, Capital Church, and the children you visit that you respond fully and accurately.

General Health Condition: _____

Have you had a complete physical examination within the last year? Yes No

Will you obtain the vaccinations recommended by the U.S. CDC for your destination? Yes No

Do you have any pre-existing medical conditions? Yes No

If yes, please explain: _____

*Depending on your pre-existing condition, Capital Church may require a medical release from your doctor to go on this trip.

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What medications are you currently taking or will be taking at the time of this trip?

Please list any physical limitation that may prevent you from participating in certain activities overseas:

Please notify us of any dietary restrictions:

*Due to the nature of your trip, we cannot guarantee that all of your provided meals will meet your specific requirements.

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 ESWATINI MISSION TEAM APPLICATION

BACKGROUND & CRIMINAL HISTORY INFORMATION

Within the past 10 years, have you been professionally treated for any addictive condition, including treatment in a rehab program, detox, sober living environment or similar? Yes No

If yes, please explain: _____

*Note: Background checks can be performed by computer and Capital Church reserves the right to do so.

It is critical to our program that the question below be answered truthfully.

Have you ever been convicted of a crime? (Other than a minor traffic violation) Yes No

If yes, please fully explain: _____

