



## MISSION TRIP APPLICATION

Trip Start Date: December 5, 2025

Location: Costa Maya, Mexico

**Please return completed applications to Brandon Steenbock at St. Mark Ministries.**

**Email:** [brandon.steenbock@stmarkministries.com](mailto:brandon.steenbock@stmarkministries.com)

**Mail:** 2066 Lawrence Dr, De Pere, WI, 54115

### **STEP 1: GENERAL INFORMATION**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ M / F Age: \_\_\_\_\_

Home Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

### **Personal Reference (not a family member)**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### **Emergency Contact (someone who is not on the trip with you)**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### **Church Information**

Are you a partner at St. Mark? Yes No

*If no, please complete the following:*

What church do you attend? \_\_\_\_\_

Pastor's Name: \_\_\_\_\_ Are you an active member? Yes No

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Have you ever been convicted of a crime other than minor traffic violations? No Yes (if yes, please explain)



## **STEP 2: TRAVEL INFORMATION**

### Passport Information

Full Legal Name: \_\_\_\_\_ Passport Number: \_\_\_\_\_ Nationality: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Passport Date of Expiration: \_\_\_\_\_

## **STEP 3: MINISTRY QUESTIONS**

List any mission experiences you have had: \_\_\_\_\_

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List any **international** mission experiences you have had: \_\_\_\_\_

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List any experience working with children and youth: \_\_\_\_\_

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Please describe your current relationship with Christ: \_\_\_\_\_

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What is your proficiency in the Spanish language?

- ☐ Level 1 – Beginner
- ☐ Level 2 - Independent speaker
- ☐ Level 3 - Proficient Speaker
- ☐ First Language

Experience and Training (circle any that apply):

Medical

Women's Ministry

Marriage Mentoring

Dental

Men's Ministry

Pastoral Counseling

Nutrition

Children's Activities Teacher

Parent Mentoring

ESL

Leadership Training

Crafts / Sewing

Construction

Leading Bible Study

Other



Please elaborate on your experience and training in the items you selected above.

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#### **STEP 4: MEDICAL INFORMATION**

What is your blood type? \_\_\_\_\_ What is the date of your last tetanus shot? \_\_\_\_\_

List any allergies, physical limitations, medications, or dietary restrictions, including chronic diseases:

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#### **STEP 5: MISSION TEAM COVENANT**

As a member of the Mission trip team:

1. I will be a guest of that location working for Christ and the local church/mission to witness to the local people. My actions will affect the witness of our team, the church, and the Christians in the community while I am on the field and after I am gone. Therefore, I will conduct myself in a manner which honors God and represents both St. Mark Ministries and the United States of America in a worthy manner.
2. I am giving of myself, my time, abilities, and resources, to serve God and others during this mission trip. I will work hard and do my fair share of the work.
3. I will follow the leadership of my team leader and the mission team even if things are not done the way I think they should be done. I will listen, work with the team, and learn from others in the field. I will encourage and help my team accomplish its purpose. I will put the needs of others before my own
4. I will abstain from use of any alcohol, tobacco, illegal drugs, and any behavior that will negatively affect our witness for Christ during the mission trip. I will wear culturally appropriate Christian clothing and jewelry while I am on the mission trip. I will refrain from any activity that is contrary to Christian character or would bring shame to St. Mark Ministries, the mission congregation, or my Savior.
5. I will focus on the mission goals while on the mission trip. I will refrain from becoming involved in personal business or any romantic relationship.
6. I understand that I may be removed from the mission team for not adhering to this agreement, or if the Team Leader believes it is in my best interest or that of the team. If I am removed from the team, I will be sent home on a commercial passenger carrier at my own expense. I have read the Team Covenant and agree to abide by these standards.

\_\_\_\_\_ Yes    \_\_\_\_\_ No

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Signature-Applicant/Participant

Date

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Signature-Parent/Guardian (if under 18)

Date



## **STEP 6: MEDICAL RELEASE AND LIABILITY WAIVER**

I, \_\_\_\_\_, understand that participating in a mission trip may involve certain health and safety risks. I hereby release and hold harmless **St. Mark Ministries** and any partner missions, their employees, volunteers, and affiliates from any and all liability associated with injuries, illnesses, or other health-related issues that may arise during my participation in this mission trip.

I certify that, to the best of my knowledge, I am in good health and physically able to participate in the activities planned for this mission trip. In the event of an emergency, I grant permission to the leaders and staff of St. Mark Ministries or the mission congregation/organization to act on my behalf to obtain medical treatment, and I agree to assume full responsibility for any medical expenses incurred.

I acknowledge that I have fully disclosed any medical conditions, allergies, or medications I am currently taking. I also authorize the release of my medical information to healthcare professionals in case of an emergency.

I place my trust in God and the guidance of the Holy Spirit for His protection over myself and the mission team. I understand that I am responsible for following safety guidelines and instructions given by the leaders and volunteers, and I commit to exercising caution in all activities.

By signing below, I affirm that I have read, understood, and agree to this Medical Release and Liability Waiver.

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Signature-Applicant/Participant

Date

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Signature-Parent/Guardian (if under 18)

Date