

pihop Hydrate Mission Trip Application

Name:		
Phone #:	Email:	
Street Address:		
Church:	Marital Status:	
Employer:	Occupation:	
Passport#:		
Date of Expiration:		
State/ Country of Issue:		
List countries visited if any:		
What Hydrate Trip(s) are you applying	for?	
What interested you in this trip(s)?		

Do you have any physical limitations that may affect your participation on this trip? If yes, please explain.

Are you under the care of a specialist of any physical, emotional, psychological or family circumstances? If yes, please explain how you feel this may or may not hinder your involvement in this short-term trip.
Please list short Term missions trip experience if any:
Briefly describe how and when you got saved:
Briefly describe your current devotional life and what God has been teaching you this year:

How long have you b	een attending p	oihop?		
	orship, etc.)? PI	LEASE LIST ANY	ll, Door Keeping, Evangelism, CLASSES, INTENSIVES,	
What is your involvement at your church/fellowship and for how long?				
	1			
Where would you rat Prophetic Pra		the following: (circ	le all that apply)	
None	Beginner	Intermediate	Advanced	
	r Healing Praye		Auvanceu	
None	Beginner	Intermediate	Advanced	
Worship	Degimer	mermediate	Auvanceu	
None	Beginner	Intermediate	Advanced	
Please describe your	experience of th	re romowing a it rei	aics io you.	
Prophetic Prayer:				

Healing/Inner Healing Prayer (i.e. SOZO):	
XX 1:	
Worship:	
REFERENCE	
Please list a pastor or ministry leader from your chuwell enough to serve as a reference for you	urch or from pihop who knows you
Name:	
Phone #:	
Email:	
Church:	
Role/Position:	
How long have you known this applicant?	
As much as it is within my power, I agree to be example on this short-term mission trip.	e a positive and Christ-centered
chample on this short terminission trip.	
Print Name	Signature
	Date