



Grace Dental & Medical Missions, Inc.

69 Cross Street, Methuen, MA 01844
www.gdmmissions.org

FIELD TEAM MINISTRY APPLICATION

This application does not in any way obligate you or GDMMissions.

Please answer each question as completely as possible.

PLEASE REMEMBER TO SAVE YOUR FILE AFTER YOU HAVE FINISHED FILLING IT OUT.

PERSONAL INFORMATION

Last Name:

First Name:

Street Address:

State:

City:

Email:

Zip Code:

Phone:

Date of Birth: MM DD YYYY

Ministry Trip of Interest:

CHURCH

Name of Church:

Pastor's Name:

Street Address:

State:

City:

Years Attended:

Zip Code:

Phone:

EMERGENCY CONTACT

Name of Contact:

Street Address:

City:

State:

Zip Code:

Relation:

Phone:

 **REFERENCES** (Please provide two references other than your pastor.)

Name of Reference 1:

Street Address:

City:

State:

Zip Code:

Relation:

Phone:

Email:

Name of Reference 2:

Street Address:

City:

State:

Zip Code:

Relation:

Phone:

Email:

Christian Service Experience:

Brief Testimony of Your Salvation:

Why do you wish to serve in this ministry?

EXPERIENCE & SKILL SET

Have you participated in a missions trip before? Yes No

If so, with whom and where?

How much time can you devote to a ministry trip?

Language Spoken: Fluent: Yes No

Medical Profession:	Medical Doctor	Dentist
	Nurse	Hygienist
	Med Student	Dental Assistant
	Optometry	Other

Medical Specialty: _____ Years Experienced: _____

Do you have overseas medical insurance coverage? Yes No

What Company? Policy

Have you read the **Field Team Handbook**, and are you in agreement with the **Doctrinal Position** of GDMMissions? Yes No

A copy of the handbook can be accessed [HERE](#)

By submitting this form, you agree that if you are accepted for Field Team Ministry, you will submit to the leadership of GDM Missions for the duration of the ministry trip.

Initials:

Once you have completed this application please save the file, click [HERE](#), and add/upload the file to our administrative department. You may also save the file and send it as an email attachment to apps@qdmmissions.org. Alternatively, send us a printed copy at:

Field Team Acceptance Committee
GDM Missions
69 Cross Street
Methuen, MA 01844