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THE UPWARD TWIST APPLICATION FORM



To ignite hope and transformation by empowering those who serve and are served through medical missions.

Congratulations! You've made the decision to go on a Medical Mission trip. We are so glad that you have reached out to The Upward Twist. We want to be able to invest in the future and lives of medical professionals.

In order for us to get to know you a little better, we ask that you fill out the application and include a headshot, resume, and \$15 processing fee. We hope to talk with you soon!

GENERAL CONTACT INFORMATION

First Name		Last Name	
Street Address			
City		State	Zip Code
Date of Birth	Gender	Phone Number	
Email Address		Facebook Link	Instagram Link
L			

WORK EXPERIENCE

Share with us what you have been doing recently!

Current Occupation

Employer	
osition How long have you held this position?	
PLEASE LIST BELOW THREE NON-FAMILY REFERENCES:	
First and Last Name	Relationship
Email	Phone Number

First and Last Name		Relationship
Email	Phone Number	
When would the best time to reach them be?		

First and Last Name	Relationship
Email	Phone Number
When would the best time to reach them be?	



TELL US MORE ABOUT YOU

We don't want to just send people on mission trips, we want to invest in the people we work with. With that said, please share with us a little more about you below.

How did you hear about The Upward Twist

List three strengths and why.

Tell me about your faith walk.



TELL US MORE...CONTINUED

Is this a faith-based trip for you?	Is that an important aspect for you? Yes No
If yes, please list examples.	

What has been your inspiration for participating in a medical mission trip?



TELL US ABOUT YOUR TRIP

To help us understand more clearly your financial need, we want to know a little more about your Medical Mission trip.

Name of the Medical Mission Trip Organization	What are the dates of your medical mission trip?

What made you choose to work through this organization?

What is the cost of your total trip?

Please list any timelines or deadlines for your funds to be raised (i.e. 50% due 60 days prior, full funding due 30 days prior))

Please explain in detail why you are seeking The Upward Twist's financial help.

What have you done or are currently doing to raise funds?



BE THE HANDS AND FEET | 7

BECOMING PART OF THE UPWARD TWIST FAMILY

If you receive any form of financial assistance from The Upward Twist, we ask that you send us a reflection from your trip within 14 days upon returning, along with 5-10 photos so we can share your journey with those who have graciously donated to help get you there!

By signing below, I agree to the requirements above, and give The Upward Twist permission to feature my journey.

Name (Printed)

Name (Signature)

Typing your name in the box above is equivalent to a handwritten signature.

YOU'RE ALMOST THERE!

There are just a few extra items needed to complete the application! Please attach the following items along with the completed form when submitting this application:

- Resume
- Profile image of yourself
- Venmo \$15 application fee to @Angelle-Hayes or contact us for other forms of payments

READY. SET. SUBMIT.

Once you have fully completed this application please submit it for review, along with your processing fee, resume, and profile image to info@theupwardtwist.com, subject line "Application Submission."



Date

Date