

Grace Baptist Church

Missions Trip Application

Desired Trip: _____

Personal Info:

Full Name _____ SSN _____

Address _____ City _____ State _____

Phone _____ Email _____

Employer _____ Work Phone _____

Date of Birth _____ City and State of Birth _____

Emergency Contact Name _____ Phone Number _____

Beneficiary Name (for Travel Insurance) _____

Health:

Please summarize your health and any physical limitations: _____

Are you physically able to walk at least 2 miles without stopping? Yes _____ No _____

Please list any medications you are currently taking: _____

Please list any allergies to medications: _____

Do you have any special dietary needs? If so, please explain. _____

Church Involvement:

Are you a member of Grace Baptist Church? Yes _____ No _____ If so, how long? _____

Are you ordained? Yes _____ No _____

Sunday School Class _____ Teacher _____

List any ministries you are involved in and for how long: _____

If you are NOT a member of Grace Baptist Church, please complete the following information:

Member of what church? _____

How long? _____

Pastor's Name and Phone Number: _____

Name and Phone Number of two other references:

Do you agree to attend all the preparation and training meetings prior to the mission trip unless there's an emergency? (Note: we will try to accommodate work schedules) Yes _____ No _____

List any prior missions experience: _____

Do you have any special skills? (medical, construction, teacher, children's worker, music, face painting, etc.) _____

Testimony:

Describe your personal devotional habits (i.e. quiet time): _____

Please share your testimony on how you became a Christian. (Attach additional sheet if necessary)

Briefly describe your motivation for wanting to go on this mission trip: _____

Will you submit to the authority of your mission trip team leader? Yes _____ No _____

Will you abstain from the use of alcohol and tobacco products during this trip? Yes _____ No _____

We are required to do a background check on all mission trip participants. You may also be required to watch videos on "Child Safety" and "Safeness Abroad. Do you agree to these conditions? Yes _____ No _____

Signature _____ **Date** _____

OFFICE USE ONLY:

Date reviewed: _____

Circle one: APPROVED DENIED