

# 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