

Mission Trip Application Form

Date: _____

Name: _____ Age: _____ Phone: _____

Address: _____

Email: _____

Best way to contact you phone email

Physical:

I have the following health conditions or restrictions/limitations which require special medication, equipment or treatment: _____

I will be able to miss work and other obligations

I commit to attend the preparation meetings and make up any that I miss

I would prefer working with: check all that apply

adults teenagers children construction cooking for team whatever needed

I agree to follow instructions and submit to the team leader's direction during the preparation period and during the trip

Spiritual:

Have you been baptized after you were saved? Yes No

Church membership (where, how long)? _____

Give your salvation testimony: _____

(Continued on the back)

What experience have you had sharing your faith? _____

Have you had any missions experience such as previous volunteer trips, disaster relief, or other local missions?

Explain why you want to go on this mission trip: -

Signature: _____ Date: _____