



Application for Participation in a Mission Trip

Date: _____ Destination: _____ Date of trip: _____

Name: _____ Date of birth: _____
(As it appears on your diver's license)

Address: _____ Zip Code: _____

Phones: Work _____ Home _____ Cell _____

Email address: _____

Health Insurance Provider: _____ Policy Number: _____

Name of a person we may contact in an emergency:

Phone: _____ Email: _____

Include the appropriate registration fee with your application.

Church Information:

Are you a Christian ? Yes No How long have you been a Christian? _____

Are you a member of FBCJ? Yes No How long have you been a member? _____

If NOT a member of FBCJ:

Of what church are you a member? _____

How long have you been a member there? _____

What is your pastor's name? _____

Ministry information:

Prior missions experience: _____

Spiritual Gifts: _____
(If you know your spiritual gifts, list them in order of their strength in your life.)

Skills and abilities: _____
(Musical, practical, business, medical, etc.)

Church experience: _____
(Bible teaching, choir member, class officer, etc.)

List Christian training material you have studied. For example: Evangelism Explosion, MasterLife, Experiencing God, FAITH

On a separate piece of paper, please write a brief description of how you see God working in your life right now. Include statements on why you feel God has called you to participate in this particular trip and how you hope that will impact your spiritual growth in the months ahead. Attach the description to this form.

Give names and addresses of two people who know you well and can help us to understand more clearly your gifts and abilities.

1. Name: _____ Relationship: _____

Address: _____

_____ Zip Code _____

Phone: Home _____ Work _____ Cell _____

Email address: _____

1. Name: _____ Relationship: _____

Address: _____

_____ Zip Code _____

Phone: Home _____ Work _____ Cell _____

Email address: _____

If applying to go on an international journey:

Your name as it appears on your passport: _____

Passport number: _____ Expiration date: _____ Place of Issue: _____