

First Baptist Church, Jefferson City, Missouri  
**Mission Trip Application**



**PLEASE PRINT CLEARLY:**

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip)

**CHURCH INFORMATION:**

Are you a Member of First Baptist Church, Jefferson City?  Yes  No

Are you currently serving on a ministry team or in a ministry of FBCJC?  Yes  No

If yes, which one(s)? \_\_\_\_\_

\_\_\_\_\_

Are you a member of another church?  Yes  No

If yes, which one? \_\_\_\_\_

In what ways are you involved in your congregation? \_\_\_\_\_

\_\_\_\_\_

**PASSPORT INFORMATION: (For International Trips Only)**

Do you have a valid passport? (Valid means it will not expire within two months **after** the end of the trip you plan to go on.)  Yes  No

Name as it appears on Passport: \_\_\_\_\_

Passport Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**HEALTH INFORMATION:**

General Health:  Fair       Good       Excellent

Do you have any dietary restrictions?  Yes       No

If yes, please explain: \_\_\_\_\_

Do you have any physical challenges or health issues?  Yes       No

If yes, please explain: \_\_\_\_\_

**SHORT ANSWER QUESTIONS:**

**Why are you interested in participating on this mission trip?**

**How would you describe your spiritual journey at this point in your life?**

**Have you been on a mission trip before? Please list dates, locations, and purposes of trips.**

**What are some of the gifts and skills you feel you would bring to this experience? If you are a medical or dental professional, please list your medical skills/abilities.**

**Are there any issues or concerns in your life right now that would have an impact on your commitment and involvement in this trip? (such as relationships, other commitments, etc.)**

**I am prepared to pay the full amount to go on this trip.  Yes  No**

**If you answered no, please explain.**

**I understand that the above information will be kept confidential within the leadership of First Baptist Church, Jefferson City, Missouri. I also attest that all the information is true to the best of my knowledge.**

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**Signature of Applicant**

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**Date**