## **Mission Trip Application**



## **PLEASE PRINT CLEARLY:**

| Name:  |            |                      |              |
|--|------------|----------------------|--------------|
| Email:   |            |                      |              |
| Phone Number:  |            |                      |              |
| Address:   |            |                      |              |
| (Ci  | ty)        | (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?  |                      |              |
| 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 the trip you plan to go on.) | within two | o months <b>afte</b> | er the end o |
| Name as it appears on Passport:  |            |                      |              |
| Passnort Number:   | Expiration | Date:                |              |

| HEALTH INFORMATION:  |
|--|
| General Health:  |
| Do you have any dietary restrictions?  |
| If yes, please explain:  |
|  |
|  |
| Do you have any physical challenges or health issues?  |
| 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?                    |
| Tiow would you describe your spiritual journey at this point in your me:                     |
|  |
|  |
|  |
| Have you been on a mission trip before? Please list dates, locations, and purposes of trips. |

| Signature of Applicant   | Date         |  |
|--|--------------|--|
| I understand that the above information will be kept cor<br>Baptist Church, Jefferson City, Missouri. I also attest that<br>of my knowledge. |              |  |
| Name   | Phone Number |  |
| Name   | Phone Number |  |
| Two Personal References:   |              |  |
| If you answered no, please explain.  |              |  |
| I am prepared to pay the full amount to go on this trip.   | ☐ Yes ☐ No   |  |
|  |              |  |
| Are there any issues or concerns in your life right now th commitment and involvement in this trip? (such as related.)                       |              |  |
|  |              |  |
| What are some of the gifts and skills you feel you would medical or dental professional, please list your medical s                          |              |  |