



Short Term Mission Trip Application

Trip you are applying for? _____

General Information:

Name: _____

(please note this is the name that will be used for airline tickets, insurance and other important documents, please write it as it appears on your passport and other legal documents.)

Preferred/Goes by Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone Number: _____ Cell Phone Number: _____

Email Address: _____

Birthdate: _____ Gender: M or F Citizenship: _____

Marital Status: _____ Spouse's Name: _____

Names & Ages of Children: _____

Beneficiary Name (For Insurance Purposes): _____

Phone: _____ Email: _____

Passport Information:

Do you have a valid passport? _____ Issued by what country? _____

Passport Number: _____ Expiration Date: _____

Spiritual Information:

Church Membership: _____

How long have you been a member? _____

Which ministries have you been involved in both currently and in the past? (Please include length of involvement and any leadership positions held.) _____

***Medical Information:**

How would you describe your present health?

_____ Excellent _____ Good _____ Average _____ Poor

Do you have or have you ever had:

_____ Fainting Spells _____ Seizures _____ Respiratory Problems
_____ Diabetes _____ Heart Problems _____ Eating Disorders

Other: _____

Do you have any conditions that might affect your ability to fully function as a team member on this trip?

_____ Fear of Flying _____ Anxiety _____ Depression _____ Sleeping Disorder

Other: _____

Please list any and all allergies: _____

Please list any medication prescribed by a doctor that you are taking: _____

Please list any major illness(es) you have had in the last five years: _____

Please list your blood type: _____

Primary Physician: _____ Phone Number: _____

*You may be required to provide a doctor's letter of "clearance" before traveling

Medical Insurance Information:

Insurance Provider: _____ Policy Number: _____

Contact Number: _____ International Contact Number: _____

Emergency Contact Information:

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone Number: _____ Cell Phone Number: _____

Email Address: _____

**If you have been on a Fruit Cove Baptist Mission trip within the last 3 years
you only need to complete pages 1 & 2**

Please provide two references who know you and your spiritual walk. One reference should be a church pastor or department director in a ministry in which you serve.

Name: _____ Relationship: _____

Home Phone Number: _____ Work Phone Number: _____

Email Address: _____

Name: _____ Relationship: _____

Home Phone Number: _____ Work Phone Number: _____

Email Address: _____

Have you ever served on a mission trip or had a cross-cultural experience? _____

If yes, where and when: _____

Please explain why you want to go on this trip: _____

How does your family feel about your participation on this trip? Was their response to your decision enthusiastic, skeptical, negative, or supportive? _____

What are your personal expectations for this trip? What would make this trip a success for you? _____

Do you have any questions or concerns regarding this trip that *you* would like answered at this time?

Related Skills & Work Experience Information:

I have had the following types of training: Please check all that apply to you

- | | | |
|--|---|--|
| <input type="checkbox"/> Disaster Relief | <input type="checkbox"/> Music or Drama | <input type="checkbox"/> Counseling |
| <input type="checkbox"/> Youth Ministry | <input type="checkbox"/> Adult Ministry | <input type="checkbox"/> Children's/Preschool Ministry |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Medical | |

Please list any languages that you speak: _____

Please list any other skills or talents that you feel may be helpful on the mission field: _____
