FAITH CHURCH
MISSION TRIP APPLICATION

(Please return this form to the Registration Drop Box. Use back of application if necessary)

Name: _____ E-mail: _____

Address: _____City _____ ST ___ Zip _____

Home Phone: _____ Work: _____ Cell: _____

Age: ____ Birthday: _____ Sex: ____Male ___ Female ____ Marital Status: ___Single ___ Married

In case of emergency, please contact the following:

Name: _____ Address: _____
Phone: _____ Relation: _____

General Health Statement: It is important that we be aware of any physical limitations or problems that you have. Do you consider your physical condition to be:

Rugged and vigorous: ____ Good Health: ___ Fairly Healthy: ___ Limited: ___

Do you have any physical or emotional conditions requiring attention, medication, or modification of workload?

Do you take any prescribed medications? If so, please list:

Skills (list talents, skills, gifts, specialized license, languages, etc.):

♦ ♦

MISSION SITE: _____ Date of Trip: _____

**There are space limitations for each trip, which could result in an applicant not being selected.*

Have you had previous experience in Mission? Explain.

Why did you choose to participate in this project?

What is one thing you are hoping to accomplish? Your expectations?

Describe your relationship with Jesus Christ and how you are developing.

What are your greatest strengths? Weaknesses?

Do you have any concerns or hesitations in participating in this project? Describe.

Are you interested in coordinating a mission trip? ____yes ____ no

Signature: _____ Date: _____

Parent or Legal Guardian Signature (if under 18 years): _____

Committee Use only:

Deposit received:	_____ yes _____ no	Amount $ _____
Background Check completed:	_____ yes _____ no	
*Application approved:	_____ yes _____ no	
Waiver of Liability:	_____ yes _____ no	

revised 4/29/2009