Faith Baptist Bartlett

MISSIONS

# Short Term Mission Trip Application

Dates of Trip – From: _____ To: _____

Mission Field: _____ Your Phone Number: _____

Your Email Address: *(Please print clearly)* _____

| | | | | |
|---|---|---|---|---|
| ☐ Mr. ☐ Mrs. ☐ Dr. ☐ Miss. | **Passport Name (Last)** | **(First)** | **(Middle)** | |
| **Address** | **City** | **State** | **Zip** | |
| **Date of Birth** | **Passport #** | ☐ Male ☐ Female | **Married?** ☐ Yes ☐ No | **Children?** ☐ Yes ☐ No |
| **Passport Expiration Date** | **Current or Most Recent Employer (If student, name of school)** | | | |
| **Specific Passions:** | **Foreign Languages Spoken** 1._____ ☐ Limited ☐ Fluent 2. _____ ☐ Limited ☐ Fluent | | | |

**Previous Mission Trip Experience?** ☐ Yes ☐ No **If so, where and when?**

1._____ 2._____ 3._____

| | | |
|---|---|---|
| **Church Name** | **Church Phone #** | **Member Since** |
| **City** | **State** | **Any Medical Conditions We Need to Know** |

**Emergency Contact & Beneficiary Name(s)** **Phone #** **Relationship**

**I will refrain from using any illegal drugs, alcohol or tobacco while serving as a missionary for Faith Baptist.**

Signature-

**-On the back of this form, please articulate your story: who you were before Jesus, how you came to know Him, & your life now.**

**-On the back of this form, please include a brief description of your call and passion for this mission trip.**