

A. Mission Destination _____

B. Personal

**** (Full Legal Name as appears on Passport or Birth Certificate) ****

1. _____
(first) (middle) (last) (Name you go by)

Home Phone _____ Office Phone _____ Cell phone _____

Address _____

City _____ State _____ Zip Code _____

E-Mail Address _____

Date of Birth _____ Marital Status _____

Occupation _____

Employer's Name _____

Member of FBC Springdale or Church at Pinnacle Hills? FBC _____ CPH _____ For how many years? _____

Which Small Group Ministry/Home Fellowship Group do you attend? _____

Small Group/Home Fellowship Leader's Name _____

Have you ever traveled outside the USA? Yes ___ No ___ Have you ever been on a mission trip? Yes ___ No ___

If so, to what country? _____ Type of mission trip _____

In what areas would you like to serve on this mission trip?

- | | |
|---|--|
| <input type="checkbox"/> Testimony | <input type="checkbox"/> Personal evangelism |
| <input type="checkbox"/> Singing | <input type="checkbox"/> Pray publicly |
| <input type="checkbox"/> Musical instrument | <input type="checkbox"/> Ministry geared to children |
| <input type="checkbox"/> Preaching | <input type="checkbox"/> Other _____ |

Have you been trained in personal evangelism? Yes ___ No ___ If so, which program? _____

What are your spiritual gifts? _____

Do you speak any foreign languages? Yes ___ No ___ If so, which? _____

Please list any medical conditions or allergies that the Team Leader needs to be aware of:

Who is your family Physician? _____ Phone # _____

What is your blood type? _____

FOR OFFICE USE ONLY

Application received by: _____
(Initial/Date)

Interviewed by Staff: _____
(Name/Date)

Approved for Mission Trip: _____
(Name/Date)

Contacted with Approval: _____
(Name/Date)

Applicant Accepted: _____ Applicant Declined: _____