



MISSION TRIP APPLICATION

FOR SHORT-TERM MISSIONS

Revised Date: 03.09.23

Trip Location:	Trip Date:
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PERSONAL INFORMATION

Full Legal Name: <i>(as it appears on passport/license)</i>		Date of Birth:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Address:	City:	State:	Zip:
Home Phone:	Cell Phone:	Email:	
Citizenship:	Occupation:		
If you are married, is your spouse supportive of this trip?			
If you are a student, what school do you attend?			Year in School:
Do you have a current background check on file with FBCT? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure		Have you taken MinistrySafe training with FBCT? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	

INTERNATIONAL TRIPS ONLY

Passport #: <i>(attach a copy of your passport to the application)</i>	Country of Issue:	Expiration Date:
Does your passport expire within 6 months of this trip? <input type="checkbox"/> Yes <input type="checkbox"/> No	If you are currently applying for a passport, check here: <input type="checkbox"/>	

FAMILY INFORMATION *(Students)*

Mother's Name:	Mother's Phone:	Mother's Email:
Father's Name:	Father's Phone:	Father's Email:

EMERGENCY CONTACT INFORMATION

Contact Person (1):	Relationship:	
Home Address:		
Home Phone:	Cell Phone:	Email:
Contact Person (2):	Relationship:	
Home Address:		
Home Phone:	Cell Phone:	Email:
Name of Beneficiary: <i>(Our international travel insurance requires listing of a beneficiary)</i>	Relationship:	

MISSION TRIP EXPERIENCE & EXPECTATIONS

Is this your first mission trip: Yes No

Previous Trips: *(include Year, Place, Church, Trip Purpose or Goal)*

Why do you sense God is calling you to go on this mission trip?

What are your expectations regarding this trip?

SKILLS & TALENTS

Ministry Skills & Talents: *(check all that apply)*

- Organization / Administration
- Leadership Development
- Teaching *(age/grade level)* _____
- Music *(vocal, instruments, tech)* _____
- Drama / Skits
- Foreign Language *(specify)* _____
- Other *(explain)* _____

Primary Areas of Interest: *(check all that apply)*

- | | | | |
|---------------------------------------|---|-----------------------------------|--------------------------------------|
| <input type="checkbox"/> Bible/Theory | <input type="checkbox"/> Medical/Dental | <input type="checkbox"/> Adults | <input type="checkbox"/> VBS |
| <input type="checkbox"/> Evangelism | <input type="checkbox"/> Education | <input type="checkbox"/> Teens | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Sports | <input type="checkbox"/> Children | _____ |

CHURCH INFORMATION

Membership: First Baptist Clarksville Yes No Other (*list info below*)

Church Name:

Church Location:

Attendance: Which best describes your attendance to the worship service and/or connect groups?

Regular (*more than 80%*)

Sporadic Regular (*20-80%*)

Seldom (*less than 20%*)

If you attend a connect group, what group are you in?

Students, do you regularly attend Student Ministry activities? Yes No

Service: List all ministries in which you currently serve in:

PERSONAL TESTIMONY

In your own words, what is the Gospel?

What is your salvation story? (*please use the back of the sheet if needed*)

- Describe your life before you surrendered to Jesus:
- Describe when and how you surrendered to Jesus:
- Describe your life after you surrendered to Jesus:
- When and where were you baptized by immersion?

Describe your present relationship with Jesus and how are you growing in it?

Are you equipped to share the Gospel with others? Yes No

***Submission of this mission trip application does not guarantee a spot on the mission team.
Once your application is reviewed, you will hear from missions leadership.***