



**OFFICE USE ONLY**

Date Received \_\_\_\_\_

Deposit Received \_\_\_\_\_

Application Approved \_\_\_\_\_

Final Payment Received \_\_\_\_\_

## Short-Term Mission Trip Application

### PERSONAL INFORMATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Passport Number: \_\_\_\_\_

Date of Issue \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Citizenship: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

Marital Status (please check one):  Single  Married  Widowed  Divorced

Spouse's Name: \_\_\_\_\_

Children Names:

Ages:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MEDICAL INFORMATION**

How would you rate your present health?

\_\_\_ Excellent \_\_\_ Good \_\_\_ Average \_\_\_ Poor

Please state any major illnesses you have had in the last five years:

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Are you currently under the care of a physician? \_\_\_ Yes \_\_\_ No If yes, please explain:

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Have you previously sought treatment, or are you currently in treatment for any mental health issues? \_\_\_ Yes \_\_\_ No If yes, please explain:

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Please list any allergies you have:

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Please list any medication you are taking:

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**IN CASE OF EMERGENCY, PLEASE NOTIFY:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

(Cell) \_\_\_\_\_

**CHRISTIAN EXPERIENCE**

Are you a born-again Christian? \_\_\_\_\_ (yes/no)

**PLEASE WRITE A BRIEF TESTIMONY OF YOUR SALVATION EXPERIENCE ON  
A SEPARATE SHEET OF PAPER AND SUBMIT THIS ALONG WITH THE APPLICATION.**

Member of Silverdale Baptist Church? \_\_\_\_\_ (yes/no) Other: \_\_\_\_\_

How long have you been a member? \_\_\_\_\_

Who is your Small Group Leader (Sunday School Teacher)? \_\_\_\_\_

Do you regularly attend? \_\_\_\_\_ (yes/no)

Have you ever been on a mission trip before? \_\_\_\_\_ (yes/no)

What prompted you to go on this mission trip?

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What are your spiritual gifts?

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Please list the ministries with which you have been involved at your church.  
(Please include time of involvement and any leadership positions held.)

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Please list the ministries with which you have been involved outside of your church.  
(Please include time of involvement and any leadership positions held.)

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**VOLUNTEER FIELD INFORMATION**

With which mission project will you serve? \_\_\_\_\_

Dates of the project: \_\_\_\_\_

Please describe the ministry you will have on the field:

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What talents or skills do you have?

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Evangelism Training? (yes/no) \_\_\_\_\_

Children's Work? (yes/no) \_\_\_\_\_

Construction? (yes/no) \_\_\_\_\_

Musical Skills (Vocal/Instrumental)? \_\_\_\_\_

Teaching Skills? \_\_\_\_\_

Medical Skills? \_\_\_\_\_

Foreign Languages? \_\_\_\_\_ Degree of Fluency? \_\_\_\_\_

**Please list any mission experience:**

Country	Mission Organization	Dates	Type of Ministry
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## REFERENCES

Please provide two references. (SEE SEPARATE FORM)

- One reference should be a church pastor or director in a ministry in which you serve.
- The other reference should be someone who knows your ministry abilities as well as your strengths and weaknesses.

### **SPECIFIC QUESTIONS TO BE ANSWERED AFFIRMATIVELY BY THE APPLICANT:**

1. Are you willing to trust God for the provision of prayer and financial support for this ministry? \_\_\_\_\_
2. Do you agree to attend all team training sessions before the trip, and to attend the debriefing session(s) following the trip? \_\_\_\_\_
3. Do you agree to raise prayer support and financial supporters for this trip, and to be personally responsible for any financial balance? \_\_\_\_\_
4. Do you purpose not to become romantically involved with another team- member or with any recipient of our ministry and postpone any such relationship with such a person until your service commitment is completed? \_\_\_\_\_
5. Do you agree that your participation is voluntary, without financial remuneration, and agree to abide by all the guidelines set forth by Silverdale Baptist? \_\_\_\_\_

**APPLICANT'S SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_