



Mission Trip Application

Mission Trip: _____ Trip Dates: _____

Please Print

Name: _____

Mailing Address: _____

City: _____ State _____ Zip _____

Home Phone: _____ Cell: _____

E-mail Address: _____

Date of Birth: (mm/dd/yyyy) _____ / _____ / _____ Gender: M F

EMERGENCY CONTACT 1:

Name _____ Relationship _____

Home Phone: _____ Cell: _____

EMERGENCY CONTACT 2:

Name _____ Relationship _____

Home Phone: _____ Cell: _____

For international trips, please provide a copy of your passport and vaccine card. All trips require a copy of your health insurance card. These will be kept on file at FBCF for the duration of mission trip.

Please provide a list of prescription medications you currently take and will be taking during this mission trip. Do not list over the counter medications: i.e. Tylenol, Cold Remedies, etc.:

Please share your testimony by answering the following questions:

Briefly share your salvation story.

How have you grown spiritually in this last year?

Why would you like to go and serve on this mission trip?

Please Circle:

1. Are you currently in a connect or small group? Yes or No
2. Are you able to volunteer the full week of Connect Camps (July 22-26)? Yes or No
3. If no, which days are you not available: _____