

Short-Term Mission Trip Application Community Bible Church

Name (as listed in your passport):

Address:

City State, Zip:

Home Phone: _____ Work or Cell Phone: _____

Email: _____

Date of Birth: _____

Passport Information:

a. Full name issued to: _____

b. Country of issuance: _____

c. Expiration: _____

Church Information

Are you a ministry partner of CBC Church? Yes _____ No _____

If not, are you a member of a church? Yes _____ No _____

If so, what church?

If you attend CBC regularly but have not yet joined, are you willing to attend the next Discovery Series class to become a ministry partner (member)? Yes _____ No _____

Are you part of a CBC Home Group, Men's Group or Women's Group?

Yes _____ No _____

If so, who is the leader of your group?

Ministry Information

What is your present ministry involvement at CBC?

Please describe any past ministry involvement at other churches where you've been active:

Do you have any previous cross-cultural ministry and/or work experience? (Inner city, international students, previous trips) Yes _____ No _____

If Yes, please describe:

Please list your spiritual gifts, if you know what some of them are:

Skills

Please list any skills that may be useful for this trip: (construction, drama, education, musical, medical, etc.):

Employment

Please complete the following information. We will not contact your employer without asking your permission.

Employed ___ Self-employed ___ Unemployed ___ Student ___ Retired ___

Name of Employer:

Your position:

Education

High School

College

Major

Graduate or Professional Degrees

Medical

Describe your health:

Do you have any medical conditions which may limit your performance under difficult circumstances?

Do you have or have you ever had:

- () Fainting Spells () Heart Problems () Diabetes () Seizures
- () Eating Disorder () Respirator problems () Frequent and/ or severe headaches
- () Nervous Breakdown () Mental Problems () Asthma () Allergies
- () Hearing Difficulties () High/Low blood pressure () Breathing Problems
- () Digestion Problems () Back or neck Problems () Others _____

Do you have medical insurance? Yes _____ No _____ Does it cover international travel?
Yes _____ No _____

Name of Insurance Company:

Is the insurance applicable in the area of the trip for which you are applying? Yes _____ No _____
In case of an emergency, who should we contact? Please provide up to two contacts, in order
of preference, including name, phone number, address and relationship:

Spiritual Life

Please summarize if and how you have come to know Jesus Christ as your savior, and tell us
a little about your current spiritual growth (attach additional sheets if necessary):

Please list three personal goals for serving on a short-term ministry experience

Do you have any special needs (physical, emotional or spiritual) that would affect your ability to
effectively carry out your ministry?

Signature: _____

Date: _____