

# Mission Participant Application

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## **A. PERSONAL INFORMATION**

Name \_\_\_\_\_  Male  Female    Date \_\_\_\_\_

Address \_\_\_\_\_

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

Marital Status:  Single  Married  Widowed

## **TELEPHONE NUMBERS**

Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_

## **PASSPORT INFORMATION** (fill-out only if going out of the country)

Date of Birth \_\_\_\_\_ Country of Birth \_\_\_\_\_

Citizenship \_\_\_\_\_

Passport Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

City and State Where Issued \_\_\_\_\_

Name as It Appears on Passport \_\_\_\_\_

## **EMERGENCY CONTACT**

Name \_\_\_\_\_ Relationship to You \_\_\_\_\_

Address \_\_\_\_\_

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

## **Telephone Numbers**

Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

## **Background Check**

Have you completed a background check through our church in the past three years?  Yes  No

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**COMPLETE IF YOU ARE UNDER 18 YEARS OF AGE**

Parent(s)/Guardian(s) Name(s): \_\_\_\_\_  
\_\_\_\_\_

Have you talked with your parents about this mission project?  Yes  No

Are they supportive?  Yes  No If no, please explain \_\_\_\_\_

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**B. MISSION PROJECT DESCRIPTION**

Name of Mission Project \_\_\_\_\_

Team Leader \_\_\_\_\_

Dates of the Project \_\_\_\_\_ Field Assignment (Country) \_\_\_\_\_

Please describe the ministry you will have on the field. (What is the purpose of the trip?)

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

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**C. TESTIMONY/EXPERIENCE**

Church Membership:  Lindsay Lane  Other Church \_\_\_\_\_

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

Have you accepted Jesus Christ as your personal Savior and Lord?  Yes  No

When did this happen? \_\_\_\_\_

List the ministries you have served with in your church or outside your church, including time of involvement & any leadership positions held. \_\_\_\_\_

Have you had training in evangelism?  Yes  No

Would you like some refresher training in evangelism before this mission trip?  Yes  No

Please indicate any foreign language training, special skills, talents, or Christian service experience that you feel may be helpful on the field.

Please list past mission project experience: (Country - Mission - Organization - Dates – Ministry)

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

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**F. MEDICAL INFORMATION (To be completed by participant or an authorized guardian)**

Is parent/guardian (in Section A above) authorized to approve medical treatment? Yes No

Is participant covered by personal/family medical insurance? Yes No

If yes, name the insurer: \_\_\_\_\_

Policy or group number: \_\_\_\_\_

How would you describe your present health? Excellent Good Average Poor

Please state any major illness(es) you have had in the last five years. \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Please list any medication you are taking: \_\_\_\_\_

\_\_\_\_\_

Please list any allergies you have: \_\_\_\_\_

Please explain any physical challenges that you may face on this mission trip. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

