

MISSION TRIP APPLICATION

PERSONAL INFORMATION

Full Name :

Date of Birth : _____ / _____ / _____ Gender : Male Female

Address : _____

Phone Number : _____ E-Mail : _____

TRIP PREFERENCE

Builders for Christ Jamaica Latvia

Dundee, Scotland Kilwinning, Scotland

MEDICAL HISTORY

List any medical conditions/concerns you have:

EMERGENCY CONTACT DETAILS

Contact Name : _____ Home Number : _____

Relationship : _____ Mobile Number : _____

SPIRITUAL LIFE

List Mission Trip Experience:

Write testimony:

What are some of the gifts and abilities you feel the Lord has given you to share with others? (e.g. musical, spiritual gifts/insights, working with children, interactive games, languages, health/care, etc.)

Why are you interested in going on this mission trip?

NOTES

Please note, submitting an application for a mission trip does not guarantee you a spot on the trip. Some organizations only allow a small number of attendees to guarantee the safety and good reputation of the missionary/church we will be assisting. We will be carefully praying through each application before making a decision. Thank you so much for your interest in this trip and taking the gospel to the nations!

Signature : _____

Date : _____

If under 18:

Parent/Guardian Signature : _____

Date : _____

Parkview Baptist Church

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 www.pbclc.com

THANK YOU