

APPLICATION FOR SHORT TERM MISSIONS

Name of short-term mission's trip:

What is your role on this trip?

General Information									
Name:	Birth Date: Male Female								
Address:	Email:								
City: State: ZIP:	Phone Number:								
Emergency Contact Information									
Name:	Phone:								
Relationship:	Email:								
Church Information									
Have you been baptized? Yes No Do you consider GBC your home church? Yes No If no, what is the name of your church and pastor?									
Church:F	Pastor's name:								
Please list any GBC ministries you are involved with, if applicable:									
Passport Information									
I have a passport that is valid 6 months after the return date I need to apply for a passport									
Passport No.:Expiration Date:									
Name on Passport:									

Application

1. Have you taken the GBC short-term Missions Training Course? Yes No If yes, when?

2. Have you ever been on a GBC short-term mission trip? Yes No If yes, where?

3. Will you be funding part of the trip with your own funds? Yes No If yes, how much?

4. Why do you feel God has led you to be a part of this ministry?

5.	In light of the location of this trip and what the project entails, do you have any concerns about your ability and/or						
	health to function/wor	k in this area of the world	? Yes	No If yes, p	lease explain.		
6.		ny. The questions below sus Christ. If you need m					ng on
	a. Give a brief des	scription of your life befor	e salvation.				
	b. How did you b	ecome a Christian?					
	b. Thew did years	ecome a crinistian.					
	c. Give a brief des	scription of your life since	you've come	to Christ.			
7.	I agree to fill out a bac	kground check from whic	h includes cc	ontact informa	tion from one sp	oiritual leader and o	ne
	personal reference.	Yes No					
Ар	plicant's Name (please p	rint):					
Ар	plicant's Signature:				Date	2:	
_							
	fice Use Only: ckground check	Personal Ref.	Spiritual Le	ader Ref.	Initials	Date	