



## MISSION JOURNEY APPLICATION

Mission Journey: \_\_\_\_\_

Dates of Mission Journey: \_\_\_\_\_

### Personal Information

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Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

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

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Gender:  Male  Female

Marital Status:  Single  Married  Divorced  Widowed

Spouse's Name: \_\_\_\_\_

Names and Ages of Children: \_\_\_\_\_

\_\_\_\_\_

### Travel Information

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Do you have a passport:  Yes  No  Applying

Name as it appears on passport: \_\_\_\_\_

Citizenship: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

Passport Number: \_\_\_\_\_ Date of Issue: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

## Emergency Contact Information

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Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Address: \_\_\_\_\_

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

Insurance Beneficiary: \_\_\_\_\_ Relationship: \_\_\_\_\_

## Medical Information

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Health Insurance Company: \_\_\_\_\_

Name of Policyholder: \_\_\_\_\_ Relationship: \_\_\_\_\_

ID #: \_\_\_\_\_ Group #: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

Identify any health concerns that might impact your participation in a missions setting or any physical needs that require special assistance:

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Please list any medications you are currently taking: \_\_\_\_\_

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

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Additional Emergency Contact Information:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

## Involvement

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How long have you attended First Baptist Church of Orange Park: \_\_\_\_\_

Are you a member?  Yes  No

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

Name of church where you are a member or attendee: \_\_\_\_\_

In what ways are you currently serving your church? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list any involvement you have with ministries/organizations outside of your church: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Personal Testimony

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In the space provided below, please share how long you have been a follower of Christ and how you came to know Him, and describe your current walk with Him at this time (use back if needed). \_\_\_\_\_

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Please explain briefly why you want to go on this mission journey and what you hope to see the Lord do in and through you. \_\_\_\_\_

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## Experience/Skills

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Have you ever been on a mission journey before?  Yes  No

If so, please list the location, year, and organization(s) of prior mission journeys:

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Please indicate any skills in foreign languages and your level of proficiency:

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Please list any special skills, talents, or experience in areas that you feel may be helpful on this mission journey: \_\_\_\_\_

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## Team Member Agreement

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Are you willing to participate in all team building and training events related to your mission journey in the following months?  Yes  No

Will you covenant to be a team player rather than an independent operator of this mission journey, submitting to the team leadership and the needs of the group over your own?  Yes  No

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Signature of Applicant

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Date