



FBFC Organized Short-term Missions Trip
Application

JAARS 2024

Personal Information:

Name: _____ Home Phone: _____

Email: _____ Cell Phone: _____

Address: _____

City: _____ St: _____ Zip: _____

If you are under 18 years of age, please have your parent / guardian fill out this section.

Parent's Name: _____

Address: _____

Telephone Numbers: Home: _____ Work: _____

I, _____ give permission for my
(Please print name of parent / guardian)

child, _____ to take part in this short-term missions
(Please print child's name)

trip. I give my full support to my child in this ministry endeavor. I also give permission for any emergency treatment deemed necessary in the case of accident, injury, or illness.

Signed: _____ Date: _____
(Signature of parent / guardian)

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Emergency Contact:

Name: _____ Telephone #: _____

Address: _____

Relationship to Applicant: _____

Medical Information:

1. Date of Birth: _____
2. Please list any allergies that you have to both food and medications.
3. List any medications that you are presently taking and the reason for usage.
4. List any other medical conditions that we should know about in case of an emergency.
5. Do you have any physical limitations or restrictions that we should be aware of?
6. Do you have any special needs (such as a special diet)?

Note: Please be prepared to provide insurance information and a copy of insurance card or self-coverage information when requested by Team Leader. Overseas/Travelers insurance coverage may also be required and included in the support goal amount.

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RELATIONSHIP WITH JESUS CHRIST:

1. Briefly share your testimony about how you came to know Jesus Christ as your personal Lord and Savior.

2. What two events or activities have impacted your spiritual life in the last year?

CHURCH INVOLVEMENT:

1. Describe your present and past involvement in Ministries at Faith Bible Fellowship Church.