



# Emmanuel Baptist Church

## Mission Trip Application

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Gender Male  Female  Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

### Church Participation

Are you a member of Emmanuel Baptist Church? YES  NO  If no, are you a regular attender? YES  NO

If no, are you a member of another church? YES  NO  What church? \_\_\_\_\_

Are you serving in a ministry of Emmanuel or another church? YES  NO

If yes, what ministry? \_\_\_\_\_

Have you completed Emmanuel's Confidential Disclosure Statement (background check)? YES  NO

### Emergency Contact Information

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

### Allergy / Medical Information

Please list and explain where necessary. If none apply, please write "none" for each one.

Allergies: \_\_\_\_\_

Dietary Restrictions: \_\_\_\_\_

Medical conditions or limitations (include psychological or emotional): \_\_\_\_\_

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

## Travel Information

Do you have a valid driver's license? YES  NO  Do you have a valid passport or passport card? YES  NO

Name on passport (write it exactly as it appears): \_\_\_\_\_

Passport #: \_\_\_\_\_

Expiration date: \_\_\_\_\_

Personal Health Insurance Provider: \_\_\_\_\_ Policy #: \_\_\_\_\_

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

Do you have a criminal record? YES  NO

If yes, describe: \_\_\_\_\_

\_\_\_\_\_

## Salvation & Church Background

If you died today, are you confident you would go to Heaven? YES  NO

What do you base your confidence or assurance on? \_\_\_\_\_

How long have you been a Christ follower? \_\_\_\_\_

How confident are you in your ability to explain to someone how they can obtain eternal life?

Very Confident

Confident

Fairly Sure

Could Use Some Help

Teach Me

## Team Participation

Have you been on previous mission trips? YES  NO  If yes, where?

Briefly discuss what Jesus Christ is currently doing in your life and why you desire to be part of a mission team:

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\_\_\_\_\_

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Do you have any questions or concerns?

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Please list any skills, special abilities or gifting that may be helpful to the team, e.g. plumbing, carpentry, creative arts, technology, mechanical, etc.:

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On which mission trip are you most interested in participating?

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**Confirmation**

*Planning is required for mission trips. Your commitment is crucial. Submission of the application does not guarantee a place on the team. Cost and financial deadlines will be provided when the teams are confirmed and travel arrangements are made.*

*I certify that my answers are true and complete to the best of my knowledge.*

Signature: \_\_\_\_\_

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