

Missions Application

TAYLORS FIRST BAPTIST CHURCH

General Background Information

TFBC Trip Destination _____ Dates _____

Is this your first Mission Trip Experience with TFBC? Yes _____ No _____

Legal Last Name _____ Legal First Name _____

Name you prefer to be called _____ Sex _____

Home Address _____ City/State/Zip _____

Home Phone (___) _____ Work/School Phone (___) _____ Cell Phone (___) _____

Email Address _____ (Please write clearly and distinguish between letters and numbers)

How did you hear about this trip? _____

T-Shirt Size Small Medium Large X Large XX Large XXX Large

Character Reference

Name _____ Relationship _____

Address _____

(Street)

(City)

(State)

(Zip Code)

Telephone (___) _____ Email Address _____

Travel and Medical Information

Date of Birth _____ Place of Birth _____ Citizenship _____

Name as it appears on your passport _____ Passport # _____

Passport Expiration Date _____ Roommate preference _____

Do you speak any languages other than English? If yes, please list the language(s) and your level:

_____ Beginner Intermediate Fluent

General Health: Above Average Average Below Average

List any Chronic Health Problems _____

For Insurance Purposes: Beneficiary Name _____ Relationship _____

List any Physical Limitations/Disabilities/Restrictions (climbing stairs, extended walking, back fatigue, etc.)

Medicine Allergies _____ Other Allergies (food, etc) _____

Medication you are currently taking _____

MEDICAL INSURANCE Current Health Ins. Provider: _____ Telephone #: _____

Member Name: _____ Member ID #: _____

Group Name: _____ Group Number: _____

Ministry Information

PLEASE EXPLAIN YOUR ANSWERS TO THE FOLLOWING QUESTIONS IN DETAIL - attach additional pages if needed

- (1) How did you come to know Jesus Christ as your personal Savior?
- (2) Please describe how your relationship with Christ is currently being developed.
- (3) What are your prayer requests concerning your involvement with this mission project?
- (4) What are your gifts/talents that you would like to use on this trip?
- (5) Will you be raising financial support for this mission trip? Yes No
- (6) Will you need some scholarship money from TFBC? Yes No Estimated Amount: \$ _____
- If yes, Your Team Coordinator or Staff Liaison will contact you about your financial needs.
- (7) Are you willing to be a representative of Christ and TFBC during your time overseas? Yes No
- (8) Are you willing to be led by the authority of TFBC staff while overseas? Yes No

Passport/Next Steps Information

To obtain a passport, visit the government website: <http://www.state.gov/documents/organization/79955.pdf>

TFBC must have your official passport number 30 days prior to departure.

Please continue to pray for your team as they take the next steps to prepare physically, spiritually and mentally.

Applications will be reviewed by team coordinators and staff liaison.

MAIL COMPLETED APPLICATION TO:

**Taylor's First Baptist Church
ATTN: Missions Ministry Office
200 W. Main Street
Taylors, SC 29687**