

# Warren Baptist Church

## Mission Trip Application 2011-2012

Application Date: \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Trip: \_\_\_\_\_ Age: \_\_\_\_\_

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### PERSONAL INFORMATION

Full Legal Name: **(as shown on your passport)**

Passport # \_\_\_\_\_ Expiration date: \_\_\_\_\_ **Passport must be valid for six months after return to U.S.**

Complete Address: \_\_\_\_\_  
Address City State Zip

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_

Mobile \_\_\_\_\_ Email Address \_\_\_\_\_

Marital Status: Single \_\_\_ Married \_\_\_ Occupation/Employer: \_\_\_\_\_

Are you a Member of Warren Baptist Church? Yes \_\_\_ Date Joined \_\_\_\_\_ No \_\_\_

Are you a Member of a WBC Small Group? Yes, which one? \_\_\_\_\_ No \_\_\_

If Not, which Church are you a member? \_\_\_\_\_

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

Pastor: \_\_\_\_\_ Telephone \_\_\_\_\_

Briefly describe any major life changes that you have undergone in the last year: (e.g. Job loss or change, family changes, death of relative or friend, etc.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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### Personal Testimony

Please briefly describe your experience in coming to know and have a relationship with Christ Jesus as your personal Savior. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you had experience with sharing your faith? No \_\_\_ Yes \_\_\_, please share briefly  
\_\_\_\_\_  
\_\_\_\_\_

What would you say to someone who wants to know how he/she can come to know Christ?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please comment on your personal time of prayer and Bible Study: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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## Ministry Information

Have you participated with a mission trip before? No \_\_\_\_\_ Yes \_\_\_\_\_, if yes, list location:

\_\_\_\_\_

Please list any church ministry participation including area of involvement, length of participation, training, leadership positions: \_\_\_\_\_

\_\_\_\_\_

List any special skills or abilities that you would like to exercise during this trip: \_\_\_\_\_

\_\_\_\_\_

List any languages you speak fluently: \_\_\_\_\_

If you have **never** been on a Warren Mission Trip **or** you are not a member of Warren, please give two references:

Name \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ Phone \_\_\_\_\_

How long have you known? \_\_\_\_\_ How long have you known? \_\_\_\_\_

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## HEALTH INFORMATION

Do you have any physical/mental handicaps or allergies that would limit your participation on this mission trip? No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, please explain:

\_\_\_\_\_

List All Current Medications:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

List Medications that you are allergic to:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Physician's name: \_\_\_\_\_ Phone: \_\_\_\_\_

## IMMUNIZATIONS:

Please see the REQUIRED AND RECOMMENDED IMMUNIZATION list for each trip.

Your immunization record is not required to be on file but please list the date/dates of your last immunizations: \_\_\_\_\_

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

Best Contact Number including employment number: \_\_\_\_\_

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## STATEMENT OF FAITH AND ACCEPTANCE OF RESPONSIBILITY

By my signature, I testify that I am a believer in Jesus Christ and that completion of this application may not necessarily guarantee a place on the respective mission trip. I understand that I may not be selected to participate on this mission trip. Each application will be reviewed by the Missions Ministry staff. If selected, I will participate in all mission trip planning activities and functions and will pray faithfully for all aspects of this mission trip.

I will finance my part of the mission trip \_\_\_\_\_ I will need help financing this trip \_\_\_\_\_

Signed \_\_\_\_\_

Date \_\_\_\_\_