

Mission Trip Application Form

Trip Preference _____

Do you attend Istrouma Baptist Church _____

If you do not attend Istrouma, which church do you attend?

Have you served in missions before? (If yes, please include location and dates) _____

Please print name as it appears on passport:

Full Name _____
(Last) (First) (Middle)

Address _____
(Street) (City) (State) (Zip)

Phone _____
(Home) (Cell) (Work)

Email Address _____

Passport # _____ Exp. Date _____ Issue Date _____

Birth Date ____/____/____ Age ____ Place of Birth _____

Marital Status __S__M__D__W T-Shirt Size __S__M__L__XL__XXL

Occupation _____

If under 18 years of age, name of parent(s) or guardian(s):

Phone _____
(Home) (Cell) (Work)

Emergency Contact Person: Name and Relation to you: _____

Phone _____
(Home) (Cell) (Work)

Briefly summarize your testimony:

Why do you want to participate in this mission trip?

What would you like to accomplish on this trip? _____

Describe what you think may be the biggest challenge for you to overcome for this project _____

Describe your strengths:

Describe your weaknesses:

Do you have a criminal record? ___Y ___N If yes, please explain

Please list any medications that you are currently taking, doctor's restrictions you are under, or any medical condition(s) that could affect your health and well being on the trip (including pregnancy).

I understand that this trip is an Evangelical Christian missions trip initial here

_____.

If I am chosen to be a part of this team, I commit to the following: (Please initial)

_____ **Prayer and Bible study daily.**

_____ **Attend all training and follow-up meetings before and after the trip.**

_____ **Walk in integrity.**

_____ **Honoring the guidelines rule set forth the host missionary, team leader and The Istrouma Missions Department.**