

Application for Participation in NJBC Mission Team

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Office Phone: _____

Fax: _____ E-mail: _____

Sex: M / F Marital Status: Single _____ Married _____ Divorced _____

Date of Birth: _____ Age: _____ SS# _____

Person to notify in case of emergency:

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Other: _____

Passport Number (if available): _____

Country Passport Acquired: _____

Expiration Date of Passport: _____

Present Vocation or Status: _____

Have you ever traveled internationally before? Y / N

If yes, where did you go? _____

How long did you stay? _____

What group did you go with? _____

For what purpose did you go? _____

Did you adjust well to the travel and different living conditions? Y / N

We're you sick on the trip? Y / N

If yes, what type of sickness? _____

Do you have any medical conditions or habits that might hinder or limit your effectiveness on this trip? Y / N

If yes, what are they? _____

Are you presently taking prescribed medication on a regular basis? Y / N

If yes, what are they for? _____

PERSONAL AND SPIRITUAL INFORMATION

How long have you been a born-again Christian? _____

Does your immediate family support you in the decision to make this mission trip? Y / N

If all members are not supportive, who is against your making this trip and why?

How will you finance this trip? _____

Briefly state why you desire to make this volunteer mission trip.

Do you have a daily quiet time with Jesus? Y / N

Can you share your Christian testimony with others? Y / N

Would you say that you are living a Christ-like Christian life that brings honor to Christ and affirms your testimony as a professing believer? Y / N

To the best of your knowledge, what are your spiritual gifts as described in Romans 12, 1 Corinthians 12, and Ephesians 4:11? _____

In addition to your spiritual gifts, do you have any other special talents such as singing, musical instruments, nursing, etc.? (This information will help us in planning the schedule and ministry for this mission trip. _____

If you are approved for this trip, will you commit yourself to following the leadership of the team leader, abiding by the requirements for the trip, and to cooperating with other team members throughout this journey for Jesus? Y / N

Please include the following with your application:

- » A typed description of your personal salvation testimony.
- » A copy of your passport (if available).
- » A Medical Release Form