



GO Missions Application

Please return this form to the Missions Office

Mission Location or Trip Name: _____

Trip Dates: _____

Name as it appears on passport: _____

Passport Number: _____ or ID # _____

Airline Frequent Flyer # _____

Address: _____

Phone (Day): _____ email: _____

Date of birth: _____

Emergency Contact Information (name; phone numbers) _____

Beneficiary (name; relationship): _____

Medical Information: (please attach a copy of your insurance card)

Physician (name; phone; address): _____

Insurance Company Name and Policy Number: _____

Allergies: _____

Medications: _____

Recent Procedures: _____

Please share any any physical concerns you have about this trip?

Involvement

Are you a member of FBC Rogers? Yes No

If no, what church are you a member of?: _____

Are you an active member of a Lifegroup? Yes No

What is the name of your Lifegroup leader? _____

What ministries have you had involvement either within the church or outside the church? _____

Have you been on a mission trip before?: Yes No

If yes, please list the approximate date(s) and location(s) of past trip(s):

Date:_____	Location:_____
Date:_____	Location:_____
Date:_____	Location:_____

Have you received financial help from FBC for a previous trip?: Yes No

If yes, please list which trip(s) and approximate date(s):_____

Testimony

Why do you want to participate in this current trip?:_____

