



Global 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 # _____

Address: _____

Phone (Day): _____ email: _____

Date of birth: _____

Emergency Contact Information (name; phone numbers) _____

Beneficiary (name; relationship): _____

Medical Information:

Physician (name; phone; address): _____

Insurance Company Name and Policy Number: _____

Allergies: _____

Medications: _____

Recent Procedures: _____

Are you a member of FBC Rogers? Yes No

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

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: _____
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): _____

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

Please list 5-10 people who have agreed to pray daily for you on this trip:

Name/email: _____

Name/email: _____

Name/email: _____

Name/email: _____

Name/email: _____

Name/email: _____

Name/email: _____

Name/email: _____

Name/email: _____

Name/email: _____

Write out your Christian Testimony (attach another sheet if necessary)

Have you been through evangelism training?: Yes No

If yes, which one?: _____

If no, are you willing to be trained before this mission trip?: Yes No

What talents will you be contributing to the team for this trip?:

(Music, medical, puppets, language, teaching, sports, evangelism, etc.) _____
