

BCM Mission Trip Application

Full Name: (as on your passport) _____

Home Address: _____
(street) (city/state/zip)

Home Church: _____

Local Church: _____

Phone: _____ Age: _____ Major: _____ T-shirt size: _____
(cell)

Email: _____ Classification: FR SOPH JR SR 5YR GRAD INTERNATIONAL

Birthdate: (mm/dd/yyyy)

- Do you have a relationship with Jesus Christ? (Y / N) If not, this does not disqualify you. Please describe your relationship with Jesus Christ or why you are not currently in a relationship with Christ.

- Describe how you came to know Jesus Christ. What does that mean to you now?

- Are you currently practicing a missional lifestyle? Are you involved in ministry with International Students or students that are from a different faith or cultural background? How are you sharing your faith on campus?

- What are you currently doing to further personal growth in Christ, both corporately and privately?
 - Why should a Jesus-follower be involved in missions?
 - Why do you want to go to on this mission trip?
 - Please list your previous mission trips or mission involvement (high school or college):
 - Do you have any medical conditions or allergies of which we need to be aware?
 - Do you have medical insurance? Yes No
Provider:
Beneficiary:
Emergency Contact Name & Phone number:
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- Parent name: _____
 Parent phone number: _____
 Parent address: _____

- How do your parents feel about you going on this mission trip?

What kind of ministry do you enjoy? Please check all that apply.

- | | | | |
|---|-----------------------------------|--|----------------------------------|
| <input type="checkbox"/> Prayer walking | <input type="checkbox"/> teaching | <input type="checkbox"/> kids ministry | <input type="checkbox"/> College |
| <input type="checkbox"/> Evangelism | <input type="checkbox"/> drama | <input type="checkbox"/> youth | <input type="checkbox"/> Adults |
| <input type="checkbox"/> Sports | <input type="checkbox"/> medical | <input type="checkbox"/> music/singing | |
| <input type="checkbox"/> Preaching | <input type="checkbox"/> Art | <input type="checkbox"/> Other: _____ | |

- Do you play an instrument? (Y / N) Please list: _____
- Do you sing? (Y / N)
- Do you speak another language? (Y / N) Please list: _____

Level (specify which language if multiple): Beginner Intermediate Advanced Fluent

- Do you see yourself as a follower or as a leader?

(Follower: 1= not very compliant. 10=great team player.)

1 2 3 4 5 6 7 8 9 10

(Leader: 1=lacks skills/maturity. 10=strong/popular leader.)

1 2 3 4 5 6 7 8 9 10

- What is your personality like on trips? Circle all that apply.

Extrovert // Introvert // Leader // Follower // Drama King/Queen

Withdrawer // Comedic Relief // Peace-maker // Includes of other