

## East Side Baptist Mission Trip Application

Thank you for prayerfully considering joining your church on a short-term mission trip. Please fully complete every section of this application in print (no script/cursive, please). You may attach extra sheets if necessary.

Only applications received prior to advertised deadlines will be considered.

### PERSONAL INFORMATION

Name \_\_\_\_\_ Date \_\_\_\_\_  
(As listed on passport)

Present Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone # Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Email Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

Citizenship \_\_\_\_\_ Country of Birth \_\_\_\_\_

Passport Number \_\_\_\_\_ Date of Issue/Expiration \_\_\_\_\_

☐ Male ☐ Female

Marital Status (*please check one*)

☐ Single ☐ Married ☐ Separated ☐ Divorced

☐ Engaged ☐ Widowed ☐ Annulled ☐ Divorced and Remarried

Spouse's Name \_\_\_\_\_

Names and Ages of Children \_\_\_\_\_  
\_\_\_\_\_

In Case of Emergency, Please Notify:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone # Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Email Address \_\_\_\_\_

Beneficiary Name \_\_\_\_\_ Relationship \_\_\_\_\_

## MEDICAL INFORMATION

How would you describe your present health? ( ) Excellent ( ) Good ( ) Average ( ) Poor

Please state any major illnesses you have had in the last five years \_\_\_\_\_  
\_\_\_\_\_

Are you presently under the care of a physician? ( ) Yes ( ) No If yes, please explain \_\_\_\_\_

Please list any medications you are taking \_\_\_\_\_

Please list any allergies you have \_\_\_\_\_

Have you ever been under the care of a psychologist, etc.? \_\_\_\_\_

## REFERENCES

Please provide two references. One should be a church pastor, department director, or ministry leader in a ministry in which you serve. The other should be someone who knows your ministry abilities as well as your strengths and weaknesses.

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone # Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone # Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

## INVOLVEMENT

Are you a member of East Side? \_\_\_\_\_

List the ministries with which you have been involved at your church, including length of involvement with any leadership positions held

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List the ministries with which you have been involved outside of your church, including length of involvement with any leadership positions held.

Have you ever been convicted of a crime? If yes, explain \_\_\_\_\_  
(All Trip Participants must have a current background check on file within the last four years; please complete Disclosure form if you are unsure whether this is already complete.)

**FIELD**

Name/Location of Mission Project \_\_\_\_\_

Dates of the Project \_\_\_\_\_ Project Leader, if known \_\_\_\_\_

Please describe what prompted you to apply for this trip \_\_\_\_\_

Please indicate what special skills, talents, education, or Christian service experience you feel may be helpful on the field \_\_\_\_\_

Circle any skills you might possess: Construction, Children or Youth Ministry, Evangelism Training, Music, Medical, Languages, Other. Explain \_\_\_\_\_

**Please list Missions experience:**

Country	Mission Organization	Dates	Ministry
_____	_____	_____	_____
_____	_____	_____	_____

Are you willing to adapt to other cultures? \_\_\_\_\_

Describe any investment you have made with unbelievers over the last year \_\_\_\_\_

Explain any concerns related to this trip \_\_\_\_\_

## TESTIMONY

In the space below, please share your testimony. Please include how long you have been a believer.

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Please explain briefly what you hope to see the Lord do in and through you on this mission trip.

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APPLICANT SIGNATURE \_\_\_\_\_

I am in agreement with the doctrinal beliefs of East Side Baptist Church.

SPOUSE or PARENT SIGNATURE\* \_\_\_\_\_

*\*Applicants under age 18 may have additional required paperwork for parents once approved.*

Please return your completed application to Chad Mann, Pastor of Discipleship and Missions, East Side Baptist Church (chad@myeastside.tv). If you have any questions, please email or call at 452-1481.