

SHORT-TERM MISSIONS TRIP APPLICATION

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|------------------------------|--|
| Date and name/place of trip: | |
|------------------------------|--|

PERSONAL INFORMATION

| | | | | | | | | | |
|-------------------------|-------------|--------------|-------|---------|------|--------|--|--|--|
| Full Name | | | | | | | | | |
| First: | | Middle: | | Last: | | | | | |
| Country of Citizenship: | | | | Gender: | Male | Female | | | |
| Date of Birth | Month: | Day: | Year: | | | | | | |
| Home Address | Street: | | | | | | | | |
| City: | Province: | Postal Code: | | | | | | | |
| Home Phone: | () | Email: | | | | | | | |
| Employer: | Work Phone: | () | | | | | | | |

EMERGENCY CONTACT - Who should be notified in the event of an emergency?

| | | | |
|----------------|-----|---------------|--|
| Name: | | Relationship: | |
| Daytime Phone: | () | Email: | |
| Evening Phone: | () | | |

MEDICAL INFORMATION

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|-------------------------------------------------------------------------------------------------------|
| Do you have any medical restrictions or disabilities that we need to make provision for? Y / N |
| If yes, please explain below: |
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| Do you have any known allergies to medications, pollen, food, etc? Y / N |
| If yes, please explain below: |
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| Do you have any recurrent health problems (chest pains, kidney problems, etc)? Y / N |
| If yes, please explain below: |
| |
| Are you presently taking any medications? Y / N If yes, please explain below: |
| |
| Blood Type: |

EDUCATION

| | | | |
|-------------------------------------|-----|-------|--|
| Are you presently attending school? | | Name: | |
| High School Graduate: | Yes | No | |
| College/University Graduate: | Yes | No | |
| Post Graduate studies: | Yes | No | |
| What language(s) do you speak? | | | |

TRAVEL

| | | |
|-------------------------------------|---------------|----|
| Do you now have a Current Passport? | Yes | No |
| If yes, Passport #: | Place Issued: | |
| Date Issued: | Expiry Date: | |

CHURCH BACKGROUND

| | | | |
|---------------------------------------------------|--------------|---------------|----|
| Name of your church: | | | |
| How long have you regularly attended this church? | | | |
| Are you a member of this church? | | Yes | No |
| Name of Reference (pastor or ministry leader) | Phone number | Email address | |
| | | | |

EXPERIENCE/SKILLS

| |
|---------------------------------------------------------------------|
| Previous evangelism and/or missions experience: |
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| Previous cross-cultural exposure: |
| |
| Practical skills (such as construction, technology, painting, etc.) |
| |
| Creative skills (such as puppets, juggling, art, music, etc): |
| |

Please **briefly** answer the following questions on a separate sheet of paper:

1. Describe significant factors and people in your development as a Christian.
2. What are your strengths and weaknesses?
3. Why do you want to participate in this short-term missions trip?

Signature below will indicate the following:

- ❖ All the information I have provided in this application is true to the best of my knowledge.
- ❖ This is to certify that I will not hold BIC Canada liable for injury, disease, or delay of return, or any other claims.
- ❖ I understand that while on site I am acting as a representative of the BIC Canada church, and I agree to conduct myself in a manner consistent with BIC doctrine and practice.
- ❖ I further understand that by organizing this missions opportunity, BIC Canada assumes a measure of responsibility for my well-being while I am on site. To that effect BIC Canada will designate a leader for the duration of the trip. I agree to accept the authority of that leader and to place myself under that authority.
- ❖ Should my actions warrant, the leader of the trip, after appropriate consultation with BIC Canada or church administrators, has the authority to arrange for my immediate return transportation to Canada. In the event of such a situation, I am responsible to pay my airfare and will not receive reimbursement for any travel or trip expenses.

Applicant's signature:

Date: