

SHORT-TERM MISSIONS TRIP APPLICATION

Date and name/place of trip:	
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PERSONAL INFORMATION

Full Name					
First:		Middle:		Last:	
Country of Citizenship:			Gender:		
Date of Birth					
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

Do you have any medical restrictions or disabilities that we need to make provision for? Choose an item. If yes, please explain below:			
Do you have any known allergies to medications, pollen, food, etc? Choose an item. If yes, please explain below:			
Do you have any recurrent health problems (chest pains, kidney problems, etc)? Choose an item. If yes, please explain below:			
Are you presently taking any medications? Choose an item. If yes, please explain below:			
Health Card # /Expiry:		Blood Type:	

EDUCATION

Are you presently attending school?	Choose an item.	Name:	
High School Graduate: Choose an item.			
College/University Graduate: Choose an item.			
Post Graduate studies: Choose an item.			
What language(s) do you speak?			

TRAVEL

Do you now have a Current Passport?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If yes, Passport #:		Place Issued:

Date Issued:		Expiry Date:	
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CHURCH BACKGROUND

Name of your church:			
How long have you regularly attended this church?			
Are you a member of this church?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	

EXPERIENCE/SKILLS

Previous evangelism and/or missions experience:			
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:

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 mission's 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/BIC Canada Global, its Officers, Directors, or Staff, liable for injury, disease, or delay of return, or any other claims, while under the auspices of BIC Canada/BIC Canada-Global.
- ❖ I understand that while on site I am acting as a representative of BIC Canada/BIC Canada-Global and I agree to conduct myself in a manner consistent with BIC doctrine and practice.
- ❖ I further understand that by participating in this opportunity, the denomination assumes a measure of responsibility for my well-being while I am on site. I agree to accept the authority of BIC Canada/BIC Canada-Global and to place myself under that authority.
- ❖ Should my actions warrant, BIC Canada/BIC Canada Global 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:
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