



Mission Trip Participant Application Form

(Please submit to the Church Office (office@fbcwindsor.com) by Sunday, January 22nd, with a \$200 deposit)

Personal Information

Legal Name: _____
Last (Legal name as it appears on passport) First Middle

Address: _____
Street Address Apt./Unit #

City State Zip

Home Phone: _____ Cell Phone: _____

Email Address: _____

Birth Date (mm/dd/yyyy): _____ Gender: _____

Marital Status: _____ Spouse's Name: _____

Passport # _____ Country of Issue: _____ Date of Expiration: _____

(*Note: Your passport must have at least 6 months validity beyond July, 2017 in order to travel to TZ)

Health Information

Please describe your health, including any physical or dietary limitations: _____

List any allergies (food, medicine, environment, insects, etc.): _____

List any sleeping conditions you have (snoring, insomnia, etc.): _____

List any medical, First Aid, or CPR training and dates you've had: _____

*Note: Trip participants are required to carry their own medical insurance policy for personal coverage. Before the trip, all participants will provide this insurance information and will sign a Medical Waiver form.

Ministry Information

Are you a member of FBC Windsor? ___Yes___ No If yes, since when? _____

Do you attend FBC Windsor? ___Yes___ No How Long? _____

(If no, please list home church: _____)

Have you served in a church ministry? ___Yes___ No. If yes, which ministries and for how long?

Have you ever had previous experience in cross-cultural/missionary service? ___Yes___ No

If yes, please explain when, and where, doing what: _____

What talents or skills do you have that the Lord can use on this trip (foreign language, music, teaching, arts and crafts, drama, construction, etc.)?

Why do you want to go on this trip?

Give a brief summary of your relationship with Jesus Christ. Include (1) When and (2) How you were reconciled to God through Christ and (3) What Jesus means to you in your daily life.
