

Please turn in this application and two references (242 Group leader and non-family member) to the FSM Staff. ALL APPLICATIONS ARE DUE BY FEBRUARY 8th. Please print clearly and use a black pen.

Notice of Understanding

- Completion of this application does not guarantee a place on a short term mission trip.
- Each application will be reviewed by FSM Staff.

General Information**Today's Date:** ___ / ___ / ___

Full Name (as appears on passport) _____

Passport #: _____ Exp. Date: _____

(Passport must be valid for 6 months after return to USA)

Street Address: _____

City, State, Zip: _____

Home Phone: (____) _____ Cell: (____) _____

Email: _____

Ministry information

Specific trip you hope to participate in: _____

1. How long have you been a member of Fellowship Bible Church? _____

2. What 242 group are you in? _____

3. What areas of service are you currently involved in? _____ Length of time? _____

4. In what ministries have you previously served? _____

5. The maximum number of days you can serve (includes weekends)?

 One Week Two Weeks Other: _____

6. Primary Areas of interest: (check all that apply)

- | | | |
|---|-------------------------------------|-----------------------------------|
| <input type="checkbox"/> Bible/Theology | <input type="checkbox"/> Evangelism | <input type="checkbox"/> Adults |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Medical | <input type="checkbox"/> Teens |
| <input type="checkbox"/> Education | <input type="checkbox"/> Sports | <input type="checkbox"/> Children |
| <input type="checkbox"/> Other: _____ | | |

7. Specialized ministry skills and talents:

- Drama
- Foreign Language (which ones?) _____
- Leadership Development
- Music (technical/instrument/vocal): _____
- Organization
- Teaching
- Other: _____

8. List previous mission trip experience

	<u>Date(s)</u>	<u>Country</u>	<u>Church/Organization</u>	<u>Purpose</u>	<u>Role</u>
1.					
2.					
3.					

9. Are you willing to follow FBC policies and leadership even though you might not totally agree with them in every situation? Yes No

If no, why not?

10. Write a brief statement of how you came to know Jesus Christ personally.

11. Why do you want to go on a short term mission trip?

12. What has God been teaching you the past few months?

13. What are some things you are doing to grow in your intimacy with Christ?

14. In your opinion, what are your strengths (character traits/abilities/skills)? What are your weaknesses?

15. Are you willing to raise the funds needed to cover the cost of the trip, and, if necessary, personally pay for any shortfall? Yes No

If no, are you willing to raise your own support?

Medical Background

1. Do you have any physical conditions, which will either limit you or the safety or efficiency of the team (i.e., serious allergies, back problems, limited mobility, poor eyesight, poor hearing, etc.)? Yes No

If yes, please specify.

2. If you are on medication, can you bring enough to last the entire trip?
 Yes
 No
3. Are you currently or have you been under a doctor's care in the past year?
 Yes
 No

Emergency Contact Information

Who do we contact in case of an emergency?

Name: _____ Relationship: _____

Address: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Email: _____

I hereby certify that all statements in this application are true and complete.

Signature

Date

REFERENCE QUESTIONNAIRE FOR 242 GROUP LEADER

Please return this form to the applicant in a sealed envelope.

APPLICANT NAME: _____

REFERENCE NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: _____

EMAIL: _____

SIGNATURE: _____

DATE: _____

IN WHAT CAPACITY HAVE YOU KNOWN THE APPLICANT? _____

HOW LONG HAVE YOU KNOWN THE APPLICANT? _____

HOW WELL DO YOU KNOW THE APPLICANT? _____

NOTE: BECAUSE THIS REFERENCE IS USED FOR BOTH ACCEPTANCE AND DEVELOPMENT, IT IS MOST VALUABLE WHEN FILLED OUT OBJECTIVELY. YOUR CANDID HONESTY IS APPRECIATED.

1. Please provide some perspective on what you've observed regarding the applicant's relationship with Jesus Christ.
2. In what ways have you seen the applicant demonstrate love and compassion for others?
3. How have you seen the applicant respond to trials and difficulties?
4. How reliable and dependable is the applicant?
5. What is one of the applicant's A) primary strengths? B) primary weaknesses?
6. Is there anything that you know of that might disqualify the applicant from consideration?
7. On a scale of 1-10 (10 being strongest), how strong is your recommendation of this applicant for consideration? Why?

REFERENCE QUESTIONNAIRE FOR NON-FAMILY MEMBER

Please return this form to the applicant in a sealed envelope.

APPLICANT NAME: _____

REFERENCE NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: _____

EMAIL: _____

SIGNATURE: _____

DATE: _____

IN WHAT CAPACITY HAVE YOU KNOWN THE APPLICANT? _____

HOW LONG HAVE YOU KNOWN THE APPLICANT? _____

HOW WELL DO YOU KNOW THE APPLICANT? _____

NOTE: BECAUSE THIS REFERENCE IS USED FOR BOTH ACCEPTANCE AND DEVELOPMENT, IT IS MOST VALUABLE WHEN FILLED OUT OBJECTIVELY. YOUR CANDID HONESTY IS APPRECIATED.

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