

FIRST Reach

Mission Team Participation Application:

Trip Location: _____ Trip Date: _____

Trip Cost: _____ Age at trip date (if a minor): _____

Applicant Information:

Full Name: _____ DOB: _____
Be sure to write it exactly as it is on Passport/Drivers License:

Address: _____
Street Address: _____ Apartment / Unit #: _____

_____ City: _____ State: _____ Zip Code: _____

Phone: _____
Home: _____ Cell: _____

E-mail Address: _____

If minor, list parents' name: _____

Parents signature of approval: _____

Are you a member of Pickens First Baptist Church? Yes _____ No _____

If not, where is your church membership? _____
(Non-PFBC members will have to have a letter of recommendation from their Pastor)

Prior Mission Trips:

List previous mission trips in which you participated:

	Location/Sponsor:	Focus:	Date:
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

Personal:

Salvation - Briefly describe your salvation experience and your baptism, when, where, etc.

Please share your reason(s) for desiring to go on this trip: _____

Please list any special skills (Carpentry, Nurse, Teaching, etc.) _____

Emergency Contact: _____ Phone: _____

Address: _____

Alternate Phone (s): _____

Do you speak any languages other than English? _____

Please list any medical or dietary needs or limitations: _____

Complete this section for International Trips:

Do you have a passport: _____ Number: _____

Exp. Date: _____

Have you received information on recommended vaccinations: Yes: _____ No: _____

We will be taking out Travel Insurance for International Trips. Therefore, we need you to list a Beneficiary: _____ Phone: _____

References:

Church Leader / Deacon:

Full Name: _____
Last First M.I.

Address: _____
Street Address P.O. Box / Apartment #:

City State Zip Code

Phone: _____ E-mail Address: _____

Sunday School Teacher / Small Group Leader:

Full Name: _____
Last First M.I.

Address: _____
Street Address P.O. Box / Apartment #:

City State Zip Code

Phone: _____ E-mail Address: _____

Mission Trip Leader / Friend

Full Name: _____
Last First M.I.

Address: _____
Street Address P.O. Box / Apartment #:

City State Zip Code

Phone: _____ E-mail Address: _____