**IBC Missions**

**Application Form**

| **Full Name (First, Middle, Last – As Appears on Official Documents** |
| --- |
| **Address** | **City** | **Zip Code** |
| **Home Telephone** | **Work Telephone** | **Cell Phone** | **E-mail** |

**Please select or copy/paste check mark ✓ the appropriate boxes:**

Marital Status: ❑Single❑Married Name of Spouse \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation: ❑Student❑Employed Full-Time❑Employed Part-Time

 Profession:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birthdate:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Citizenship: ❑United States ❑Other: \_\_\_\_\_\_\_\_\_\_\_\_\_

Passport: ❑Yes ❑No ❑Applying (Please attach a copy with this application.)

Emergency Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_

Contact: Indicate relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Medical Insurance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Medical ID #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you been baptized? ❑Yes❑No If no, please share why: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you a member of IBC? ❑Yes❑No

If you are a member of another church, please state the church: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What language(s) do you speak? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Proficiency level (1-5): \_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Proficiency level (1-5): \_\_\_

List all prior participation in mission trips (i.e., date, type of ministry, locality, responsibilities).

**Personal Background: Faith & Ministry Experience**

1. Describe how and when you became a believer of Jesus Christ.
2. Why do you want to participate on this short-term trip?
3. What are some of your concerns about participating?
4. What are some strengths and weaknesses in your life?
5. What ministries are you currently involved with or have been involved in the church?
6. List any medical conditions and/or dietary restrictions that you have. Include any medication you take.

**MY COMMITMENT:**

*As a member of this year’s team, I will observe all IBC guidelines regarding culture, behavior, outreach rules, and outreach requirements. I agree that I will endeavor to tell the Good News of Jesus Christ. I will diligently prepare myself spiritually along with any other assignments. I will submit to those in authority, cooperating to do my best to encourage my fellow teammates. I will not emphasize my own differences but strive to serve in unity and love.*

**Submitting an application does not guarantee acceptance to the Team.**

Immanuel Bible Church reserves the right to review, screen, and render decisions upon all applications.

**Applicant’s Signature:**  **Date:**