IBC Missions Application Form

Address			City		Zip Code	
Home Telephone		Work Telephone	Cell Phone		E-mail	
	□ Singl				-Time	_)
Birthdate: Passport:		Cit	izenship: 🗖 Unit	ted States	□ Other: h a copy with this application.)	
Emergency Contact:	Name: Phone: Indicate relationship					
Medical Insura	nce:		Medica	ll ID #:		
Are you a mem	ber of IB	C? 🗆 Yes 🗖 N	Jo			
What languaged		ı speak?		Pro	oficiency level: 1 2 3 4	5
List all prior pa	rticipatio	n in mission trip	os (i.e., date, type o	f ministry, I	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.