

Go to the Nations

Team Member Application

Application Date: _____ Applying for which location/project: _____

Personal Information:

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

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

Email: _____ Date of Birth: _____

Marital Status (Please circle): Single Engaged Married Widowed Separated Divorced

Passport Number/Issue Date: _____

Place of Issue/City/State: _____

Passport Expiration Date: _____

Relationship To Bethlehem

Check one and complete the requested information:

Member since ____ (year)

Regular attendee and active since ____ (year)

Occasional or non involved church attendee

Involved in a church other than Bethlehem Baptist Church (specify the church)

List three pastors of Bethlehem (or previous pastors where you attended), or small group leaders who know you best and could serve as references:

Name

Phone Number

1.

2.

3.

What other mission trips have you participated in? (beginning with the most recent and going back chronologically) Indicate the length of each, the ministry name (i.e. World Changers, Mission Fuge, Church Mission Trip, Campus Crusade) and the team leader of the trip:

List any foreign languages you speak and how well (little, conversational, fluent):

TESTIMONY: (use the back if needed)
How was your life before coming to Jesus Christ?

How and when did you come to know and trust Jesus?

How has your life been since you have known and trusted Christ?

In what areas have you seen spiritual growth in your life over the last month, year, 3 years?

How would you like to be used on this team?

List the ministries you have been involved with both past and present:

Describe your current practice of devotion (Bible Study and prayer) to continue your relationship with Christ for personal growth and guidance?

Describe how you would share the gospel with a non-believer:

What mission books have you read recently?

Your expectations greatly influence the success of a short term mission trip. Over the months ahead, the training you will receive will help refine your expectations. We would like to get your initial thoughts on why you are applying for this team and your expectations.

What impact are you anticipating that this trip will have on your relationship with God?

Participant Medical Information

Name: _____

Is sponsor authorized to approve medical treatment if needed? () Yes () No

Is participant covered by personal/family medical insurance? () Yes () No

If yes, name the insurer: _____

Policy/group # _____ Company Name: _____

Company Phone: (____) _____

***Please attach a copy of your insurance card.**

How would you describe your present health? () Excellent () Good () Average () Poor

Please state any major illness you have had in the last five years:

Are you presently under the care of a physician? () Yes () No If yes, please explain _____

Please list any medication you are taking: _____

Is Tetanus shot current? () Yes () No

Date of Tetanus shot: _____ What is your blood type? _____

List any allergies you have: _____

List any physical challenges you may face on this ministry trip: _____

Do you have back problems: () Yes () No

Emergency Contact: _____ Relationship: _____

Telephone: (day) _____ (night) _____

****All team members will be required to purchase travel insurance.***