Mission Trip Application

Fair Oaks Church Missions Department 11427 Fair Oaks Blvd, Fair Oaks, CA 95628 Phone: (916) 967-4784 Fax: (916) 961-7932 e-mail: missions@fopc.org

Team applying for:
1 st choice:
2 nd choice:
3 rd choice:

Address			
City			
Phones (Home)	(Cell)		
Email			
Date of Birth/ M			
T-shirt Size	Have you been fir	gerprinted at FOPC? Yes _	No
PERSONAL INFORMATION			
Full Legal Name (as appears on you	ır passport)		
Passport #		Expiration date	
Emergency Contact (not on trip)			
Phones (Home)	(Work)		
		(Cell)	
Email		(Cell)	
Email		(Cell)	
Phones (Home) Email HEALTH INFORMATION: Any health concerns? Are you, or have you been under a december to the concerns of		(Cell)	
Email HEALTH INFORMATION: Any health concerns?	octor's care within the last	(Cell)3 months?YesNo	
Email	octor's care within the last	3 months?Yes No	on
Email	octor's care within the last	3 months?YesNo	on
Email	octor's care within the last ogical conditions that limit	3 months? Yes No your ability to participate in this missi _Contact # nsurance #	on

SPECIAL SKILLS
Foreign languages spoken:
Level of proficiency: ☐ Few words ☐ I can ask questions ☐ I can converse ☐ I am fluent
Please check which construction trade/skills you possess: ☐ Electrical ☐ Plumbing ☐ Carpentry
☐ Masonry ☐ Concrete ☐ Painting ☐ Computer/IT ☐ Dental ☐ Medical ☐ Mechanic
☐ General ☐ Other
CHURCH & MISSIONS INFORMATION
Do you attend church regularly? Yes No
If so, where
Briefly share your relationship to Jesus Christ.
Why do you feel called to participate on THIS mission trip THIS year?
Church staff reference (name, email, & phone)