

## GBC Short-Term Mission Trip Application

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*All applicants will be evaluated in accordance with the Missions Policy of Grace Bible Church.*

### **Directions:**

Please print and answer all questions. If a question is not applicable, state "N/A". DO NOT leave any blank. Return completed form to your Trip Leader or to current Missions Committee team member.

### **Personal Info:**

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Cell: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Home: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

Age (if not 18 or older): \_\_\_\_\_

Emergency Contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

### **Trip Info:**

Departure Date: \_\_\_\_\_ Return Date: \_\_\_\_\_

Destination/ Missionary name or Organization: \_\_\_\_\_

Briefly describe your role during this trip: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*(i.e., What will you be doing? What ministry opportunities will there be?)*



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### **Spiritual Info:**

Are you a member of Grace Bible Church? \_\_\_\_\_ If not, see also Non-members section.

Describe your personal objective(s) for this trip. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*(i.e., What do you want God to do? How do you expect to spiritually grow from this experience?)*

Have you participated in any other mission trip(s)? \_\_\_\_\_ If yes, briefly describe:

\_\_\_\_\_

\_\_\_\_\_

What do you think your spiritual gifts are? \_\_\_\_\_

What ministries are you involved with at GBC? \_\_\_\_\_

### **Non-members please answer the additional questions:**

*All non-members are required to read GBC's Articles of Faith as spelled out in the Constitution of GBC.*

Do you regularly attend Grace Bible Church? \_\_\_\_\_ If so, how long? \_\_\_\_\_

Have you accepted Jesus Christ as your Lord & Savior? \_\_\_\_\_ Have you been baptized by immersion? \_\_\_\_\_

Briefly share your testimony. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is there anything in GBC's Article of Faith that you disagree with? \_\_\_\_\_ If so, please explain. \_\_\_\_\_

\_\_\_\_\_



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### **Health Info:**

Do you have any condition, which might affect your ability to fully function as a missionary on this trip (i.e., fear of flying, depression, anxiety, sleeping disorders)? \_\_\_\_\_

Do you have any chronic illnesses or allergies? \_\_\_\_\_ If yes, explain: \_\_\_\_\_

Are you presently under medication prescribed by a doctor? \_\_\_\_\_ If yes, explain: \_\_\_\_\_

Does your health insurance cover you overseas? \_\_\_\_\_ If not, have you purchased additional coverage for the duration of this trip? \_\_\_\_\_

### **Estimated Expenses:**

\$\_\_\_\_\_ Airfare

\$\_\_\_\_\_ Visa

\$\_\_\_\_\_ Hosting Missionary or Agency Fees/ To whom: \_\_\_\_\_

\$\_\_\_\_\_ Lodging (Not included in Hosting Missionary or Agency Fees)

\$\_\_\_\_\_ Ground Transportation

\$\_\_\_\_\_ Ministry Supplies

\$\_\_\_\_\_ Other: \_\_\_\_\_

\$\_\_\_\_\_ Total

*(All passport expenses are your responsibility.)*