

2017 Application for Short-term Mission Service
Pleasant Garden Baptist Church
P.O. Box 157, Pleasant Garden, NC 27313 (336)674-5382

Destination: _____

Dates of Trip: _____

Personal Information

Male Female

Date of birth: ____ / ____ / ____

Full Name (as on your passport): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone # Home: _____ Work: _____ Cell: _____

E-Mail: _____

Date of Birth: _____

Do you have a passport? Yes No

Passport Number: _____ Date Issued: _____ Expires: _____

(*Note – Your passport must be valid for a minimum of 6 months prior to your return from outside the USA)

Country of Citizenship: _____ Country of Birth: _____

T-shirt Size: _____

Spouse's Name: _____

Is your spouse supportive of you applying for this trip? Yes No

If No, please explain: _____

Name and ages of children: _____

In an emergency, please notify: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number Home: _____ Work: _____ Cell: _____

Name of your beneficiary for Mission Trip Insurance: _____

Health

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

Please state any major illness(es) you have had in the last five years: _____

Please list any medications you are currently taking, including strengths and dosage: _____

Please list any allergies you have: _____

Name of Primary Physician: _____ Telephone: _____

Name of Primary Pharmacy: _____ Telephone: _____

Are you presently under the care of a physician? Yes No If Yes, please explain.

Health Insurance issued in the name of: _____

Health Insurance Company: _____

Group/Policy # _____

Phone Number: _____

Trip & Financial Information

Trip Cost: \$ _____ plus airfare / Total approximately \$ _____

Deposit: \$200.00

It is expected that the total cost for your trip be paid in full prior to departure for the trip.

If other arrangements for payment become necessary, please discuss this with your team leader or pastor as soon as possible.

Passport must be up to date and not going to expire in the next 6 months.

Immunizations: Recommendation for tetanus shot within last 10 years. I would recommend checking with your local Health Department. Guilford County has an International Immunization Clinic. You do have to make an appointment. The nurse will review all needed immunizations for any area you are traveling. She will go over CDC (Centers for Disease Control) recommendations for that area and can provide the immunizations and/or prescriptions needed.

Missions Support Letter: We will provide a missions support letter that you will be able to use to invite others to support you through prayer and gifts.

**If you have been on a Mission Trip with PGBC in the past, you can STOP HERE.
All others please complete the next two pages of the Application. Thank you!**

Field of Service

Please indicate any skills, talents or Christian service experience that you feel may be helpful on the field.

Do you speak any foreign languages? Yes No

If Yes, please list them and indicate your level of proficiency. _____

Please list previous missions experience:

Country Church/Mission Organization Team Leader Trip Date Ministry

1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____

Motivation

Please explain briefly what you hope to see the Lord do in and through you on this mission trip and explain why you want to participate. _____

Church History & Involvement

Are you a member of Pleasant Garden Baptist Church Church? Yes No

If not, which church are you attending? _____

Please list ministries of PGBC with which you are involved. (Please list time of involvement, any leadership positions held, and the organization/church that was responsible for the ministry.)

Testimony

Please attach a testimony of a few paragraphs describing your relationship with Jesus Christ and how your life is impacted by Him each day.

References

Please provide two references. One should be a ministry leader with whom you have served. The other one should be someone who knows your ministry abilities as well as your strengths and weaknesses. Please do not list spouse or PGBC staff. Someone from the Missions team may contact references and all responses will be kept confidential.

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number *Home*: _____ *Work*: _____

E-mail address: _____

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number *Home*: _____ *Work*: _____

E-mail address: _____

Commitment

If applying to be a part of a ***Pleasant Garden Baptist Church Mission Team***, I make a commitment to:

- Go through the training process prior to departure and after I return from the trip.
- Conduct myself in a manner worthy of the Lord while serving Him on the project.
- Submit to the team leader's and the host on-the-field's authority.
- Refrain from any behavior which may compromise my witness (i.e. abusive language, drug use, etc.).
- Travel with team to site and return with team from site, unless prior approval for exception given by short term mission committee.

Also, if at any time while on the trip my behavior constitutes a problem, the team leader has the authority to ask me to return home. Any additional costs incurred as a result of this action will be at my own expense.

Sign _____

Date _____