

Application for Participation in a Mission Trip
First United Methodist Carrollton • 2201 E. Hebron Parkway • Carrollton, TX 75010

Please complete the following application to be considered for placement on a missions trip. Please note this application does not guarantee trip participation.

What Short Term Mission Trip are you interested in? _____

Dates of Trip _____

Name (exactly as on passport) _____

Name You Go By, If Different _____ Occupation _____

Date of Birth _____ Sex _____ E-mail _____

Marital Status _____ Spouse's Name _____

Phone (home) _____ (work) _____ (cell) _____

Mailing address _____

Citizenship _____ Place of Birth _____

Passport number _____ Date of Issue _____ Place of issue _____

Date of expiration _____

If you are not a member of FUMC Carrollton, please fill in local church/pastor information.

Local church _____ Pastor _____

Church address _____

Church Phone _____ E-mail _____

For members of all churches:
Do you regularly attend weekend services? _____
Are you involved in a small group? _____

Briefly describe your previous and current service in ministry (areas of involvement, length of participation, leadership positions held, training/certification, etc.)

List places you have traveled internationally and the purpose of the trip(s).

Briefly explain why you believe in global missions.

What would you say to someone who wants to know WHY he/she should become a Christian?
(Include Scripture references)

What would you say to someone who wants to know HOW to become a Christian? (Include Scripture references)

Do you have any health care training or experience?

Have you had CPR/First Aid training?

Do you speak languages other than English? What is your level of fluency?

Briefly list any talents/gifts/skills you have.

Briefly describe any major life changes you have undergone in the past year. (Job or family changes, death of relative or close friend)

Why do you want to participate in this mission trip?

Please relate to us the story of your salvation experience.

How is God at work in your life now?

State of present health? __ Excellent __ Good __ Average __ Poor

Do you have any limitations or significant health conditions which might affect your involvement with missions or which you believe your physician would want us to know about?

I have reviewed this information and certify that it is accurate. I realize that while an application is required for consideration of participation in a missions trip, it does not assure selection for this missions team. If I am selected, I will complete the paperwork in the participants' forms.

I agree to submit to the decisions of the team leader. I will be respectful of our hosts and the culture in which we have been invited to minister.

Signature: _____ Date: _____