

## Short-Term Mission Trip Application

Thanks for your interest in serving on a short-term mission trip. Your answers to these questions will help the Missions Committee evaluate and determine your participation. Please answer all questions to the best of your ability.

Applicant's name: \_\_\_\_\_

For which SMBC mission trip are you applying (e.g. October 2008 Haiti)? \_\_\_\_\_

Why do you want to be part of this particular mission trip? \_\_\_\_\_

\_\_\_\_\_

A mission trip requires a major time commitment. In addition to the trip itself, the team will meet several times prior for planning and relationship building. Have you thought through the possible time conflicts you may face, and are you willing to commit the necessary time required? \_\_\_\_\_

You will need to raise your own support for this trip. Will you trust God's direction through the results? \_\_\_\_\_

**Please sign and date below to indicate your agreement with the following statements:**

- I am willing to submit to those in authority over me in my work on this mission trip
- I assume all risks for myself on this mission trip and will not hold Signal Mountain Bible Church responsible for personal loss, illness, or injury.
- I have read and am in agreement with the entire SMBC Statement of Faith (see page 2).

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_

**If this is your first mission trip with SMBC or you have not previously provided the following information, please complete the remainder of the application. If you have previously provided this information, you may provide updates only.**

**Personal Information**

Home address: Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: Work \_\_\_\_\_ Home \_\_\_\_\_ Mobile \_\_\_\_\_

Email (s) \_\_\_\_\_

Date of birth \_\_\_\_\_ Marital status \_\_\_\_\_ (Spouse's name) \_\_\_\_\_

## Foreign Mission Information

**Provide the following information if the trip for which you are applying is a foreign mission trip.**

**Please give your full name as it appears on your passport, including middle name.**

First name \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Are you a US citizen?  Yes  No (Nationality) \_\_\_\_\_

Is this your first foreign mission trip?  Yes  No (Previous countries) \_\_\_\_\_

Passport # \_\_\_\_\_ Place issued \_\_\_\_\_ Expiration \_\_\_\_\_

**Please provide a clear copy of your passport. If you do not yet have a passport, now is the time to get one!**

## Ministry Information

**Mark as appropriate:** I am a:  member of SMBC  
 regular attendee of SMBC (for how long? \_\_\_\_\_)  
 new attendee of SMBC  
 non-attendee of SMBC (Home church \_\_\_\_\_)

Do you have a personal relationship with Jesus Christ?  Yes  No

Have you taken the opportunity to share the gospel with others? \_\_\_\_\_

With what ministries at SMBC have you been involved? \_\_\_\_\_

Do you speak any foreign languages?  Yes  No (Languages) \_\_\_\_\_

**On a separate sheet of paper, please describe the circumstances in which you became a Christian and the difference it has made in your life. Please keep this to a single page.**

## Signal Mountain Bible Church Statement of Faith

### We believe:

- There is one God, the Creator and Preserver of all things. He exists eternally in three persons: the Father, the Son, and the Holy Spirit.
- The sixty-six canonical books of the Bible as originally written comprise God's Word written, and hence are free from error. They are our sole authority for what we are to believe and how we are to live.
- Mankind, created in the image of God, fell into sin in Adam and is now sinful both by nature and by choice, the outcome of which is eternal death. From this condition we can be saved only by the grace of God, through faith, on the basis of the work of the Son, and by the agency of the Holy Spirit.
- The eternal Son became incarnate by being born of the virgin Mary; He is both true God and true man. He lived a sinless life and died on the cross as our substitute, shedding His blood for the remission of our sins. He rose bodily from the dead and will return again bodily to complete His saving work and to consummate the plan of God.
- As believers who have turned to God by faith in Jesus Christ, we are accountable to God for living a life separated from sin and characterized by the fruit of the Spirit. It is our responsibility to contribute by word and deed to the mission of the church.
- The church is a living organism comprised of all believers in Jesus Christ. We are to engage in the building up of the Body of Christ through the ministry of the Word, the celebration of the Lord's Supper, and the practice of Baptism. This focus on worship and fellowship within our local church should result in a visible testimony to the surrounding community.
- At the time of God's choosing, the bodies of all persons will experience resurrection: believers to a state of eternal joy in the presence of God, and unbelievers to eternal punishment.

## Personal References

List two character references who can vouch for your Christian character. Don't use family members.

Name \_\_\_\_\_

Name \_\_\_\_\_

Street \_\_\_\_\_

Street \_\_\_\_\_

City/State/Zip \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Email \_\_\_\_\_

## Medical Information

### Emergency contact:

Name \_\_\_\_\_ Relationship to you \_\_\_\_\_

Street \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

### Medical insurance:

Company name \_\_\_\_\_

Street \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Policy # \_\_\_\_\_ Phone \_\_\_\_\_

Have you verified that your medical insurance is valid for medical care overseas?  Yes  No

### Primary care physician:

Name \_\_\_\_\_

Street \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_

Blood type \_\_\_\_\_ Medications currently taking \_\_\_\_\_

Known allergies (medications, foods, pollens) \_\_\_\_\_

Do you have any health, medical, or dietary restrictions?  Yes  No If so, please explain.

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Please explain any medical restrictions to your daily activities or your ability to fully participate in this ministry.

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