

# **Short Term Missions Trip Repeater Participant Application**

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*If a commission by an earthly king is considered an honor, how can a commission by a Heavenly King be considered a sacrifice? -----David Livingstone*

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## **Trip Information:**

- Location: \_\_\_\_\_
- Date of the Trip: \_\_\_\_\_
- Previous FPC Missions Trips: \_\_\_\_\_

## **Basic Information of Applicant:**

*Please type or print neatly and legibly! Only fully completed applications will be considered.*

Full Name (first, middle, last): \_\_\_\_\_

Home Street Address:

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Gender: Male or Female

Telephone Number:

- Home: \_\_\_\_\_
- Work: \_\_\_\_\_
- Cell: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Job Title: \_\_\_\_\_

Current School Grade if you are a Student: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Passport Number: \_\_\_\_\_

T-Shirt Size: \_\_\_\_\_

**Parent/Guardian Information:**

Name(s) of Parent(s)/Guardian(s): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Street Address: *(list both parents if the addresses are different)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mother's Phone Number: \_\_\_\_\_

Mother's Email Address: \_\_\_\_\_

Father's Phone Number: \_\_\_\_\_

Father's Email Address: \_\_\_\_\_

**Emergency Contact Information:**

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

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

Phone Number: \_\_\_\_\_

**Emergency Health Information:**

Do you have any particular health problems, diseases, or physical limitations? Yes or No

If yes, please describe:

Have you ever had any serious illnesses in the last five years or been under the ongoing care of a doctor in the last year? Yes or No

If yes, please describe:

Do you have any chronic allergies? Yes or No

If yes, please list any allergy (including food allergies) and how you typically treat them:

Are you allergic to any medications? Yes or No

If yes, please list any medication allergies:

- 1.
- 2.
- 3.

Do you have health insurance? Yes or No

*Please verify that your insurance policy includes overseas coverage. The church will provide some supplemental short-term coverage for this mission trip.*

Name of Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

## Self-Analysis & Personal History:

Why do you want to go back on a mission's trip?

What are some things the Lord opened your eyes to during your last mission's trip?

What was the hardest part about last year's mission's trip?

List 3 personal strengths and 3 personal weaknesses. Please complete **EACH** space.

STRENGTHS:

1.

2.

3.

WEAKNESSES

1.

2.

3.

