

Hales Chapel Baptist Church
Mission Trip Application

Personal Information

Name _____

Preferred Name _____

Male _____ Female _____ Age _____ Date of Birth _____

Married _____ Single _____

Address _____

Email Address _____

Phone _____

International Trip _____ North America Trip _____

City/State _____

(North America only)

City/Country _____

(International only)

International Only:

Passport:

Yes _____ No _____ Applied _____

Passport Number _____

Issue Date _____

Expiration Date _____

Emergency Contact

Name _____

Relationship _____

Phone _____

Alternate Phone _____

Email _____

Medical Information

Do you have any chronic or current health problems that might be affected by the environment and living conditions in a third world country? _____

If yes, please explain:

Have you ever had a serious injury or illness? _____

If yes, please explain:

Are you currently taking medication(s)? _____
(on a separate sheet of paper list medication(s) and the reason for using)

Do you use alcohol? _____ Tobacco? _____

Do you have, or have you ever had any of the following?
(If you checked one of these, on a separate sheet explain)

- _____ Frequent and/or severe headaches
- _____ Dizziness/Fainting
- _____ Convulsions
- _____ Nervous Breakdown
- _____ Mental Problems
- _____ Visual Problems
- _____ Asthma
- _____ Allergies
- _____ Epilepsy
- _____ Hearing Difficulties
- _____ Heart Problems
- _____ High/Low Blood Pressure
- _____ Breathing Problems
- _____ Digestion Problems
- _____ Back or Neck Problems
- _____ Joint Problems
- _____ Foot Problems

What is your Blood Type _____

Have you ever been on a Mission Trip before? _____

If so, where and when?

Why do you want to go on this trip?

Please list any special skills you have.

Please list any languages (besides English) you can speak.

Below, please describe the spiritual gifts you believe God has given you.

Please use this page to share your personal testimony.