

# FBC Short-Term International Application

*This form is CONFIDENTIAL and will be used only to determine suitability for the team.*

## GENERAL INFORMATION:

Trip Destination: \_\_\_\_\_ Dates of Trip: \_\_\_\_\_

## PERSONAL INFORMATION:

Name **AS IT APPEARS on your PASSPORT:** \_\_\_\_\_

*If you do not have a passport, please indicate the name that you will be placing on the passport application.*

**Tickets will not be issued until your completed application, deposit, and two copies of your passport are received by the Global Team.**

Passport #: \_\_\_\_\_

Passport Exp. Date: \_\_\_\_\_

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

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

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

Phone #s, Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail Addresses: \_\_\_\_\_

Occupation: \_\_\_\_\_ Position: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Citizenship: \_\_\_\_\_

T-shirt size: \_\_\_\_\_

Do you plan to: (circle one)      Raise support?      Pay for the trip independently?

## CHURCH/MINISTRY INFORMATION:

Who is your current Community Group Leader?

Who is your current Regional Pastor?

If you are not yet in a Community Group, who is your Discover Life leader?

If you do not attend Fellowship, what is the name of your home church?

Name of Pastor and address of church:

## PERSONAL SPIRITUAL INFORMATION:

Briefly describe how and when you came to trust in Christ alone for your salvation.

Can you clearly make a gospel presentation? (Yes) (No)

**MEDICAL INFORMATION:**

Please describe any medical conditions that a doctor might need to know of during the trip:

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What prescription medications do you take (generic name, strength, and frequency of dosage):

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List any chronic disease or allergies:

How do you appraise your health?            Excellent            Good            Fair

Blood type, if known: \_\_\_\_\_ Females only, are you pregnant? \_\_\_\_\_ Due Date? \_\_\_\_\_

What is your personal physician's name and telephone number?

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Insurance Carrier \_\_\_\_\_ Policy Number \_\_\_\_\_

In the event of an emergency, who should we contact? \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Students only:** Are your parents in agreement with your interest in this international opportunity?

If not, please explain:

**Return completed application, trip deposit, and passport copies to:**

Questions? 501-224-7171  
[missions@fellowshiponline.com](mailto:missions@fellowshiponline.com)

Fellowship Bible Church  
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