

# **FBCC SHORT TERM MISSIONS APPLICATION**





As a church, our desire is to send our very best on short term mission trips. Because of this, the following criteria will be factored in the approval process:

1. FBCC Attendance
2. Current Ministry Involvement
3. Consistent Christian Lifestyle
4. Age Requirement Minimum – At least age 16 (unless accompanied by a parent)

Furthermore, it should be understood that upon approval, the perspective team member will be responsible for the following:

1. Review and comply with all FBCC policies and procedures regarding Short Term Mission Trips.
2. Consult with a physician regarding immunizations required or recommended for international travel.
3. Agree to a background check.
4. Abstain from alcohol or use of tobacco and maintain a Godly lifestyle while on the mission trip.
5. Attend all mission training sessions and complete assignments, as requested by the team leader.
6. Be financially responsible for all trip costs.
7. Complete the application and return it **with a copy of your passport** to the FBCC office.

**FIRST BAPTIST CHURCH OF CHOCTAW**  
**Application for Short Term Mission Team**



**Mission Trip**

Location: \_\_\_\_\_

Dates: \_\_\_\_\_

**Personal Information**

Full Name (as it appears on passport): \_\_\_\_\_

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

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Male/Female: \_\_\_\_\_ Marital Status: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_

Passport Number: \_\_\_\_\_ Place of Issue: \_\_\_\_\_

Issue Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Country of Citizenship: \_\_\_\_\_

If not the US, are you a permanent resident? Yes No

Emergency Contact Person: \_\_\_\_\_ Relationship: \_\_\_\_\_

Email Address of Emergency Contact: \_\_\_\_\_

Phone Number: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

**Church Involvement**

Are you an active member of First Baptist Church of Choctaw? Yes No

If yes, how long? \_\_\_\_\_

Do you attend weekly Sunday Worship with FBCC? Yes No

Which service? 8:30 11:00

If no, with which church are you a member and for how long? \_\_\_\_\_

Pastor's Name and Phone Number: \_\_\_\_\_

Have you taken the Mission Team Training Course? Yes No

Are you currently a part of a Connect Group? Yes No

If yes, who is the leader of the Connect Group? \_\_\_\_\_

Please list the ministries with which you have been involved: (Time of involvement, leadership positions held and the organization/church which was responsible for the ministry)

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

**Missions Experience**

What mission trips and/or community outreach activities have you participated in during the last 12 months?

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Have you had any training in sharing your faith? Yes No

If yes, please describe:

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**Health**

How would you describe your health? Excellent Good Average Poor

Please explain: \_\_\_\_\_  
\_\_\_\_\_

Please list any pre-existing illness, surgeries, allergies or medical conditions:  
\_\_\_\_\_  
\_\_\_\_\_

Please list any medications you are presently taking:  
\_\_\_\_\_  
\_\_\_\_\_

Please list any special dietary NEEDS:  
\_\_\_\_\_  
\_\_\_\_\_

Name and phone number of your doctor: \_\_\_\_\_

Date of last tetanus shot: \_\_\_\_/\_\_\_\_/\_\_\_\_

Is there any reason why you cannot tolerate any of the following (please circle)?

- Rigorous outdoor activity
  - High temperatures
  - Low temperatures
  - High humidity
  - High altitudes

## Statement of Faith and Belief

### Doctrinal Statements:

1. I believe in the literal resurrection of Jesus Christ. \_\_\_Agree \_\_\_Disagree \_\_\_ Not Sure (\*explain below)
2. I believe the miracles in the Bible were supernatural occurrences as presented in the Biblical account.  
\_\_\_Agree \_\_\_Disagree \_\_\_ Not Sure (\*explain below)
3. I believe a Christian cannot lose their salvation. \_\_\_Agree \_\_\_Disagree \_\_\_ Not Sure (\*explain below)
4. I believe in a literal heaven and hell. \_\_\_Agree \_\_\_Disagree \_\_\_ Not Sure (\*explain below)
5. I believe the Bible is without error in its original form. \_\_\_Agree \_\_\_Disagree \_\_\_ Not Sure (\*explain below)
6. I believe the Father, Son and Holy Spirit are three persons but one God.  
\_\_\_Agree \_\_\_Disagree \_\_\_ Not Sure (\*explain below)
7. I believe that a Christian receives the Holy spirit when he/she is saved.  
\_\_\_Agree \_\_\_Disagree \_\_\_ Not Sure (\*explain below)
8. I believe that man was created by God and therefore did not evolve from something less than human.  
\_\_\_Agree \_\_\_Disagree \_\_\_ Not Sure (\*explain below)
9. I believe in the priesthood of the believer and that all Christians have direct access to God.  
\_\_\_Agree \_\_\_Disagree \_\_\_ Not Sure (\*explain below)
10. I believe in the power of prayer to affect and change lives. \_\_\_Agree \_\_\_Disagree \_\_\_ Not Sure (\*explain below)
11. I believe that Jesus Christ was born of a virgin. \_\_\_Agree \_\_\_Disagree \_\_\_ Not Sure (\*explain below)
12. I believe in the deity of Christ and His substitutionary atonement.  
\_\_\_Agree \_\_\_Disagree \_\_\_ Not Sure (\*explain below)
13. I believe when one repents of his/her sin and turns to faith in Christ, he/she is saved by grace and not by works.  
\_\_\_Agree \_\_\_Disagree \_\_\_ Not Sure (\*explain below)
14. I believe in the physical return of Jesus Christ. \_\_\_Agree \_\_\_Disagree \_\_\_ Not Sure (\*explain below)

\*Explanation of "not sure" answers:

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Please write a brief testimony sharing your salvation experience and beliefs:

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What are two things you hope to see the Lord do in and through you on this mission trip?

1) \_\_\_\_\_

2) \_\_\_\_\_

What makes you interested in short-term service at this time?

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Please list any skills, talents or gifts that you feel may be helpful to this team:

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How do you hope you will be different as a result of participating on this team? What do you want God to do in you?

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**References**

Please provide an email address where a reference form can be sent to each person listed.

**Spiritual Mentor/Leader**

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

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

**Friend/Co-Worker (non-relative)**

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

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

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**