

TREK and FRONTIER SCHOOL OF THE BIBLE

Application Form

Missions Trip: _____

General Information: *(Please print clearly)*

Name: *(Full name, as it appears, or will appear on your passport)*

Last _____ First _____ Middle _____

Nickname _____ D.L.# _____

Mailing Address _____

City/State/Zip _____

E-Mail Address _____ Age _____

(At the time of the trip)

Cell Phone _____ T-Shirt Size _____

Do you prefer Face time _____ or Skype? _____

Education: Homeschool _____ Public _____ Grade: Junior _____ Senior _____

(At the time of the trip)

Parent's legal name and cell number: *(Please fill out completely)*

Mom's Maiden: Last _____ First _____ Middle _____

Cell # _____ DOB _____

Dad: Last _____ First _____ Middle _____

Cell # _____ DOB _____

Travel Information: *(If available at this time)*

Passport Number _____ Nationality _____

Date of Issue _____ Date of Expiration _____

Place of Birth _____ Date of Birth _____

- *(You will need to apply for a new Passport if it is not valid 6 months after the mission's trip departure date.)*

Field Ministry:

Have you previously participated in a short-term mission's trip? _____

Where and when? _____

Were you involved in personal evangelism? _____

Will you be willing and prepared to teach (men/women/children)? _____

Would you like to participate musically (singing or instrumental)? _____

Please share any special skills or abilities you would like to use during our time of ministry (i.e.: guitar, children's ministry, puppets, etc.)

What ministry involvement and/or training have you had in the church? _____

What are you praying that God will do in and through you on this mission trip?

Do you have a consistent pattern of a daily devotional quiet time with God? _____

Please describe what your devotional life consists of: _____

Health and Emergency Information:

Emergency contact _____

Relationship _____

Address _____

City/State/Zip _____

Home Phone _____ Business/ Cell Phone _____

Do you have any health problems (describe)? _____

Are you on any medication (please list)? _____

Have you taken any medication longer than 1 month in the past (please list)?

List any allergies you have (food, medication or other)? _____

List any chronic diseases you have: _____

What is your blood type? _____

Have you experienced motion sickness or claustrophobia (describe)? _____

Family Physician/ Clinic _____ Phone Number _____

(Please consult your physician if you have a chronic condition that might make participation in this mission trip inadvisable. A written clearance may be required.)

➤ **Please use a separate piece of paper for answers 1-6.**

1. What does the word 'missions' mean to you?
2. Why is it important for the church to participate in mission endeavors?
3. Why are you applying for this trip?
4. Do you sense that God is specifically leading you to be a part of this trip?
Describe how God has confirmed this direction.
5. Please share your personal testimony of how you came to know Christ and give an evaluation of your current walk with God.
6. Define discipleship and what it means to you.
7. Would you be willing to be discipled by an FSB college student participating in this mission's trip or your own youth Pastor or Leader? _____
(If you have someone in mind, please list them here with a phone number.)

8. Do you agree to be involved in an approved discipleship program? _____
9. Ask your pastor or youth pastor/leader to give you a written recommendation for this trip. *(Recommendations can be sent by email to steve@frontierbible.org)*
10. Are you faithfully attending church? _____ Youth group? _____
If you don't attend youth group, why? _____
What church do you attend? _____
11. Do you anticipate difficulty raising the funds to cover your share of the expenses for this trip? _____ Are you willing to send out support letters? _____

12. If you do not raise enough funds to cover your portion of the trip, will you be willing to cover the outstanding amount? _____

13. Do you commit to attend, or arrange makeup for all Team meetings? _____
(If you are accepted as a Team member then it is very important that you make the meetings a top priority. Some meetings will be by phone, FaceTime or Skype.)

14. If selected, would you commit to placing yourself under the complete authority of the TREK Ministry/Frontier School of the Bible and its leadership throughout the entire period of preparation and during the trip itself, and including your accountability to FSB and your personal church upon return from the trip?

15. If, for some reason, you are not selected for this particular mission trip, will you respond with submission to the leaders and in a manner befitting a mature believer in Jesus Christ? _____

16. Have you read the FSB doctrinal statement and are you in full agreement with it? _____

17. Have you read the CDC government website (www.cdc.gov) for the countries you will be traveling in (under traveler's health), and have an understanding of the health risks? _____

18. Will you take the recommended medications for the country you will be traveling in? _____

➤ Anything else you would like us to know in considering your application for the TREK and FSB Missions Trip?

Submit application with the application fee of \$100, non-refundable.

Signature of Applicant _____ Date _____

For those applicants under the age of 18:

Signature of Parent _____ Date _____

Signature of Parent _____ Date _____