

BRIARCLIFF CHURCH
Short-Term Mission Application

Mission Trip: _____ Date: _____

Instructions:

- Please print clearly or complete pdf fillable form
- Return completed application to Dave Wilson
- Include trip deposit with your application (application will not be considered without it!)
- Provide a copy of your passport, driver's license and health insurance (all on one page)

Personal Information:

Name exactly as it appears on passport: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ (h) _____ (c)

E-mail: _____ Date of Birth: _____

Citizenship: _____ Passport Number: _____ Expires: _____

Emergency Information:

Please notify: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ (h) _____ (w) _____ (c)

How would you describe your health? (check one) Excellent Good Average Poor

Are you on a special diet? _____

List any allergies you have: _____

List any major illness(es) in the last five years: _____

List any medications you are currently taking: _____

Name of your primary physician: _____ Phone: _____

Experience Information:

Current Employer: _____ Dates: _____

Job Title / Responsibilities: _____

High School: _____ Year graduated: _____

College: _____ Degree: _____ Year graduated: _____

Other: _____ Degree: _____ Year graduated: _____

Other: _____ Degree: _____ Year graduated: _____

Do you speak a language other than English? (check one) Yes No _____

List any skills, talents, or experiences you may have that will contribute to the success of this mission:
(examples include: construction, photography, teaching, preaching, sports, music, administration, etc.) _____

List any previous international travel experience: _____

Spiritual Information:

Are you a member of Briarcliff Church? Yes No If yes, how long? _____

If not, do you attend another church? Yes No Where? _____

Spiritual Journey: *Please describe your spiritual journey and why you feel called to go on this mission trip.*
