

Ada Bible Church Mission Trip Application

Trip (Where and When): _____

Personal Information

Name: _____
Last First Middle

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Birthdate: ____/____/____

Email Address: _____ Marital Status: _____

Background Information

1. How many years of schooling have you completed? _____

2. If you speak a foreign language, what is it? _____ How well? _____

3. Special skills, abilities or talents: _____

Spiritual Information

1. Please check all that apply: _____ Believer _____ Member of ABC _____ Seeker

2. How long have you attended ABC? _____

3. To what extent are you involved at ABC? _____

General Information

1. How did you learn about this mission trip? _____

2. Why do you want to participate in this mission trips? _____

3. Have you ever participated in a mission trip? Yes No
If so, when and where did you go? _____

Health Information

1. Are you in excellent health? _____
2. Have you ever had any physical handicaps? _____
If so, please explain: _____
3. Are you presently being treated for an injury or sickness or taking any form of medication for any reason? Yes _____ No _____ If so, what medications are you taking?

4. Are you allergic to any type of medication? Yes _____ No _____ If yes, please explain:

5. Do you medically require a special diet? Yes _____ No _____ If yes, please explain:

6. Do you have (or ever had) any for the following: (circle, and explain below)

Seizure disorders	Asthma	Heart Murmur
Diabetes	Hay Fever	Kidney disease
7. Do you have any allergies? Yes _____ No _____ If yes, please explain:

I certify that all the above information is true and I have answered each question completely and honestly. I understand that on this ministry trip, I will be a representative of Ada Bible Church and will voluntarily abide by the Code of Conduct, its policies and the leadership of Ada Bible Church.

Printed Name: _____

Signature: _____ Date: _____