

**Application for Participation in a Mission Trip**  
**First United Methodist Carrollton • 2201 E. Hebron Parkway • Carrollton, TX 75010**

*Please complete the following application to be considered for placement on a missions trip. Please note this application does not guarantee trip participation.*

What Short Term Mission Trip are you interested in? \_\_\_\_\_

Dates of Trip \_\_\_\_\_

Name (exactly as on passport) \_\_\_\_\_

Name You Go By, If Different \_\_\_\_\_ Occupation \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_ E-mail \_\_\_\_\_

Marital Status \_\_\_\_\_ Spouse's Name \_\_\_\_\_

Phone (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

Mailing address \_\_\_\_\_  
\_\_\_\_\_

Citizenship \_\_\_\_\_ Place of Birth \_\_\_\_\_

Passport number \_\_\_\_\_ Date of Issue \_\_\_\_\_ Place of issue \_\_\_\_\_

Date of expiration \_\_\_\_\_

If you are not a member of FUMC Carrollton, please fill in local church/pastor information.

Local church \_\_\_\_\_ Pastor \_\_\_\_\_

Church address \_\_\_\_\_  
\_\_\_\_\_

Church Phone \_\_\_\_\_ E-mail \_\_\_\_\_

For members of all churches:

Do you regularly attend weekend services? \_\_\_\_\_

Are you involved in a small group? \_\_\_\_\_

Briefly describe your previous and current service in ministry (areas of involvement, length of participation, leadership positions held, training/certification, etc.)

List places you have traveled internationally and the purpose of the trip(s).

Briefly explain why you believe in global missions.

What would you say to someone who wants to know WHY he/she should become a Christian?  
(Include Scripture references)

What would you say to someone who wants to know HOW to become a Christian? (Include Scripture references)

Do you have any health care training or experience?

Have you had CPR/First Aid training?

Do you speak languages other than English? What is your level of fluency?

Briefly list any talents/gifts/skills you have.

Briefly describe any major life changes you have undergone in the past year. (Job or family changes, death of relative or close friend)

Why do you want to participate in this mission trip?

Please relate to us the story of your salvation experience.

How is God at work in your life now?

State of present health? \_\_ Excellent \_\_ Good \_\_ Average \_\_ Poor

Do you have any limitations or significant health conditions which might affect your involvement with missions or which you believe your physician would want us to know about?

I have reviewed this information and certify that it is accurate. I realize that while an application is required for consideration of participation in a missions trip, it does not assure selection for this missions team. If I am selected, I will complete the paperwork in the participants' forms.

I agree to submit to the decisions of the team leader. I will be respectful of our hosts and the culture in which we have been invited to minister.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_