



Internal use only	
Approved	Denied
<input type="checkbox"/>	<input type="checkbox"/> by Team Leader
<input type="checkbox"/>	<input type="checkbox"/> by Financial Secretary
<input type="checkbox"/>	<input type="checkbox"/> by Share Team

APPLICATION FOR VOLUNTEER MISSIONS SERVICE

NOTE: If any question does not apply to you, please put N/A in the blank to indicate that you have not forgotten to answer the question.

Today's date _____

NAME: _____
(as listed on your passport)

Mailing Address: _____

City: _____ State _____ Zip Code _____

Phone: (home) _____ (work) _____

E-mail Address: _____

Fax #: _____

Date of Birth: _____

Passport #: _____ Issue Date/Exp. Date _____ / _____

Male Female

Marital Status (please check one)

Single Married Separated Divorced Engaged Widowed
 Annulled Divorced & Remarried

Spouse's name _____

Names & ages of children _____

In case of emergency we should contact:

Name	Relationship

Street _____ City _____ State _____ Zip _____
Phone: _____

MEDICAL INFORMATION

NOTE: The reason these next questions are asked, is to help bring out any medical problems which may hinder you on this type of trip.

How would you describe your present health?

Excellent Good Average Poor

Please state any major illness(es) you have had in the last 5 years

Are you presently under the care of a physician? Yes No

If yes, please explain _____

Please list any medication you are taking _____

Please list any allergies you have _____

Do you have any physical limitations that would affect your performance on this type of trip? _____

Beside yourself, who will be medically responsible for you on this trip if you become unable to make medical decisions?

**This information will be kept confidential to be shared with Share Team,
Team Leader and Nurse/Doctor for the trip.**

Involvement at Kiokee Baptist Church

We are excited that you are interested in serving and representing Christ on the mission field. This next series of questions is to help you discern if God is really calling you to the mission field. We believe if a Christian is not willing to sacrifice and publicly serve God at home then we need to question, why would God call you to publicly serve Him on the mission field.

1. Belief. Are you a born-again Christian? Do you fully trust that Jesus died to make payment for your sin? YES NO
2. Attendance. Are you a faithful member of a Sunday school class, or are you currently involved in an area of church ministry that prevents your attending Sunday morning Bible study on a regular basis? YES NO

In which ministry(ies) are you currently serving?
Are you serving in a leadership position (please indicate)?

In which ministries have you served previously? Please indicate if you held a leadership position.

List the ministries with which you have been involved outside of the church, including time of involvement and any leadership positions held.

Why do you believe God has called you to this mission trip?

How do you believe God will use you on this trip? What are your spiritual gifts and physical talents?

SELF-SACRIFICE

We believe Christians called to the mission field should demonstrate a life of self-sacrifice. These questions are to help you examine this area of your life.

Do you deal positively with uncertainty and change? Yes No

Do you consider yourself to be flexible? Yes No

Do you take instruction well? Yes No

Would you be willing to forego personal comfort and desires to honor the culture in which you are going? Yes No

Describe any past cross-cultural living, training and/or travel experiences. What did you learn? What types of difficulties did you experience?

General Questions:

This series of questions are to help you expand your thinking to see if something in your life would hinder you on the mission field.

Briefly describe any major life changes you have gone through in the past year (e.g. job or family changes, marriage, illness, injury, death of a relative or close friend, newborn baby, etc.).

How does each of your immediate family members feel about you applying and/or going on a mission trip?

Have you ever been denied a visa or had a visa revoked? If yes, for which country and what were the circumstances?

Have you ever been convicted for a felony? Yes No

Do you have any outstanding traffic violations or federal, state, or local court issues that are unresolved? Yes No

Are there any unresolved issues in your life that you need to reconcile or speak to a church leader about? Yes No If yes, would you like a church leader to contact you?

Do you use, or are you addicted to any substances, illegal, or otherwise (i.e. tobacco products, alcohol, drugs)? Yes No If yes, please describe your usage. This will not necessarily disqualify you from your trip.

SPECIFIC TRIP INFORMATION

TRIP FOR WHICH YOU ARE APPLYING

Location: _____ Dates: _____

Trip Leader's name and contact number: _____

Please explain briefly why you are applying for this trip (what is your specific purpose)

Please explain briefly what you hope to see the Lord do in you on this mission trip.

Please explain briefly what you hope to see the Lord do through you on this mission trip.

PRAYER REQUEST

How may we pray for you and your family about this trip?

FINANCIAL INFORMATION

These next series of questions are to help you discern your giving habits and to help you with identifying any financial need for this trip.

Are you presently tithing to Kiokee/your church? YES NO

Will you need financial assistance in order to go? YES NO

Total cost of the trip: _____

Amount you are giving: _____

Amount of donations you have collected: _____

Amount you are requesting: _____

Signature

Date



PASTORAL MISSION TRIP RECOMMENDATION FORM

THIS FORM SHOULD BE GIVEN TO YOUR PASTOR WITH A RETURN ENVELOPE
ADDRESSED TO KIOKEE BAPTIST CHURCH,
ATTN: SHARE TEAM

Participant's Name: _____

Pastor: _____

Church: _____

Address: _____

Phone: _____

The above person is a believer to the best of my knowledge:

	Yes	No
1. Committed to the Lordship of Jesus	___	___
2. Actively participating in Body ministry in our church.	___	___
3. Submitted to spiritual authority.	___	___
4. Has my recommendation to participate in the mission trip.	___	___
5. List any areas of weakness that we should be aware of. Please be specific. Your answer will be held confidential.		

Pastor's Signature

Date



Ministry Leader: Please complete this form on behalf of the mission trip applicant listed below. Upon completion, please return it to Kiokee Baptist Church
Attn: Share Team

MINISTRY LEADER’S MISSION TRIP RECOMMENDATION FORM

(Examples: Deacon Chairman, Sunday School Director, D-Group Leader, Small Group Leader, Choir Director, Mission Team Leader, etc.)

THIS FORM SHOULD BE GIVEN TO YOUR MINISTRY LEADER WITH A RETURN ENVELOPE ADDRESSED TO KIOKEE BAPTIST CHURCH, ATTN: SHARE TEAM

Participant’s Name: _____

Ministry Leader: _____

Church: _____

Address: _____

Phone: _____

The above person is a believer to the best of my knowledge:

	Yes	No	Do Not Know
1. Committed to the Lordship of Jesus	___	___	___
2. Actively participating in Body ministry in our church.	___	___	___
3. Submitted to spiritual authority.	___	___	___
6. Has my recommendation to participate in the mission trip.	___	___	
7. List any areas of weakness that we should be aware of. Please be specific. Your answer will be held confidential.			

_____ Ministry Leader’s Signature

_____ Date



Sunday School Teacher:
 Please complete this form on behalf of the mission trip applicant listed below. Upon completion, please return it to Kiokee Baptist Church
 Attn: Share Team

SUNDAY SCHOOL TEACHER’S MISSION TRIP RECOMMENDATION FORM

THIS FORM SHOULD BE GIVEN TO YOUR SUNDAY SCHOOL TEACHER WITH A RETURN ENVELOPE ADDRESSED TO KIOKEE BAPTIST CHURCH, ATTN: SHARE TEAM

Participant’s Name: _____

Sunday School Teacher: _____

Church: _____

Address: _____

Phone: _____

The above person is a believer to the best of my knowledge:

	Yes	No	Do Not Know
1. Committed to the Lordship of Jesus	___	___	___
2. Actively participating in Body ministry in our church.	___	___	___
3. Submitted to spiritual authority.	___	___	___
8. Has my recommendation to participate in the mission trip.	___	___	
9. List any areas of weakness that we should be aware of. Please be specific. Your answer will be held confidential.			

 Sunday School Teacher’s Signature

 Date



Kiokee Member:
 Please complete this form on behalf of the mission trip applicant listed below. Upon completion, please return it to Kiokee Baptist Church
 Attn: Share Team

KIOKEE MEMBER’S MISSION TRIP RECOMMENDATION FORM

THIS FORM SHOULD BE GIVEN TO A KIOKEE MEMBER WITH A RETURN ENVELOPE ADDRESSED TO KIOKEE BAPTIST CHURCH, ATTN: SHARE TEAM

Participant’s Name: _____

Kiokee Member’s Name: _____

Church: _____

Address: _____

Phone: _____

The above person is a believer to the best of my knowledge:

	Yes	No	Do Not Know
1. Committed to the Lordship of Jesus	___	___	___
2. Actively participating in Body ministry in our church.	___	___	___
3. Submitted to spiritual authority.	___	___	___
10. Has my recommendation to participate in the mission trip.	___	___	
11. List any areas of weakness that we should be aware of. Please be specific. Your answer will be held confidential.			

 Kiokee Member’s Signature

 Date