

Faith Baptist Mission
Short-Term Mission Trip Pre- Application Form



fbm
FAITH BAPTIST MISSION

Please complete this pre-application form if you are interested in this upcoming trip. Completion of this form does not guarantee that you will be selected for this trip. Once completed please return to Shanna Felice or email it to info@faithbaptistmission.org.

participant's information

Name: _____ Sex: M or F DOB _____

Do you have a passport? Y or N If yes, passport ID number: _____

Exp. Date _____ If no, you will need to begin applying for a passport right away

Address: _____

Cell Phone: _____ Email: _____

Name of Parent/Guardian (if under 18yrs of age): _____ Phone: _____

If under 18yrs old and guardian is no accompanying you on this trip a PARENTAL CONSENT and AUTHORIZATION form will need to be obtained.

Name of home church: _____ Name of Pastor: _____

Are there any allergies, current medications or medical conditions of which your team leader should be aware of? Y or N

If yes, please provide necessary information: _____

Give a brief summary of why you feel led to join FBM on this trip and what you hope to get out of this trip:
