

**APPLICATION FOR SHORT-TERM MISSIONS**

First Baptist Church of Canton  
One Mission Point  
Canton, GA 30114  
Telephone: 770-479-5538  
Fax: 770-720-4742

**PERSONAL INFORMATION**

Name \_\_\_\_\_ Date \_\_\_\_\_

Present Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone (Home)(\_\_\_\_\_) \_\_\_\_\_ Work(\_\_\_\_\_) \_\_\_\_\_

Permanent Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone(\_\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_

Citizenship \_\_\_\_\_ Country of Birth \_\_\_\_\_

Passport# \_\_\_\_\_ Date of Issue/Expiration Date \_\_\_\_\_

\_\_\_\_\_ Male \_\_\_\_\_ Female

Marital Status: Check One

\_\_\_\_\_ Single \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Engaged \_\_\_\_\_ Widowed

Divorce and Remarried \_\_\_\_\_

Spouse's Name \_\_\_\_\_

Names and ages of Children

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

In case of emergency, please notify: \_\_\_\_\_

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number: Home (\_\_\_\_\_) \_\_\_\_\_ Work(\_\_\_\_\_) \_\_\_\_\_

Days and Hours at work \_\_\_\_\_

# FIELD

Name of Mission Project \_\_\_\_\_

Dates of the Project \_\_\_\_\_ Location \_\_\_\_\_

Please describe the ministry you will have on this mission trip

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Please list any foreign language training and your level of proficiency

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Please indicate any special skills, talents or Christian service experience that you feel may be helpful on the field.

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Please list your mission experience:

Country	Mission Organization	Dates	Ministry
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# INVOLVEMENT

Church Membership: FBC Canton Other (name of church) \_\_\_\_\_

How long have you been a member? \_\_\_\_\_

Please list the ministries with which you have been involved at your church. (Please include time of involvement and any leadership positions held.)

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Please list any ministries with which you have been involved outside your church. (Please include time of involvement and any leadership positions held.)

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## MEDICAL INFORMATION

How would you describe your present health \_\_\_Excellent \_\_\_Good \_\_\_Average \_\_\_Poor

Please state any major illnesses you have had in the last five years. \_\_\_\_\_

Are you presently under the care of a Physician? \_\_\_Yes \_\_\_No If yes, please explain.  
\_\_\_\_\_

Please list any medication you are now taking  
\_\_\_\_\_  
\_\_\_\_\_

Please list any allergies you have \_\_\_\_\_

## REFERENCES

Provide two references. One reference should be a church Pastor or department director in a ministry in which you serve. The other reference should be someone who knows your ministry abilities as well as your strengths and weaknesses.

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Numbers: Home \_\_\_\_\_ Work (\_\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Numbers: Home \_\_\_\_\_ Work (\_\_\_\_\_) \_\_\_\_\_



