



# COUNTRYSIDE

## COUNTRYSIDE BAPTIST CHURCH

### MISSION TRIP APPLICATION

TODAY'S DATE \_\_\_\_\_

#### MISSION TRIP YOU ARE APPLYING FOR:

GUATEMALA – JULY 24-30, 2017 \*

\*(6-7 days in that last week of July)



Information link to the Jeremiah Project

[http://www.hopetransformation.org/the\\_jeremiah\\_project](http://www.hopetransformation.org/the_jeremiah_project)

1. Name (on passport) \_\_\_\_\_

2. Address \_\_\_\_\_

3. Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

4. E-Mail: \_\_\_\_\_

5. Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

6. Do you have a current passport? Yes No

\*\*Must not expire within 6 months of trip

**\*\*Attach a copy of your passport to this application**

7. Can you speak Spanish (not required)? Yes No

(If yes, choose one)? Slightly Fluent Fairly Fluent Very Fluent

8. Have you ever been on a mission trip before? Yes No

If yes, detail below a list of mission trips include dates (approx), destination, sponsoring organization, and your specific areas of responsibility and/or work.

9. Do you have health insurance? Yes No

10. Are you currently taking any medications? Yes No

11. Do you have date limitations with the July 24-30, 2017 window? What are they?

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12. Are you a regular attendee of Countryside Baptist Church? Yes No

13. Are you a current member of Countryside Baptist Church? Yes No

14. Who is your Sunday School Teacher? \_\_\_\_\_

15. Are you willing to attend any required mission training/preparation classes/meetings for this trip?  
Yes No

16. Are there any physical or medical issues/limitations that we should know about that we need to plan for?



17. Please give a short statement regarding why you want to go on this mission trip.

18. Write a brief written testimony of when you were saved and describe how you are doing in your relationship with God.



**PARENTAL OR GUARDIAN PERMISSION FORM (If applicant is under 18 yrs old)**

Please read and complete all items.

I (We) give my (our) permission for my (our) child, (please print clearly)

\_\_\_\_\_

to go on the Countryside Baptist Church Guatemala Mission Trip.

I (We) understand that the cost of the trip is ESTIMATED to be about\$1250.00 and I (we) will be responsible for meeting all payment deadlines.

Countryside encourages each individual to raise support through support letters and group fundraising, but payment due dates must be met even if support funds have not been received by due dates.

My (Our) child will get all necessary vaccinations and medications required for this mission trip. I (We) will not hold Countryside Baptist Church or its Ministers or Mission Team Staff responsible for any illness or injury occurred on the Countryside Baptist Church Guatemala Mission Trip.

Parents or Guardian Signature

\_\_\_\_\_

Printed Name of Parents or Guardian

\_\_\_\_\_

Date Signed \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-Mail: \_\_\_\_\_

