

# Short-Term Mission Team Application

Youth Version - First Baptist Church - Athens, Texas

Project/Country: D6 Pine Ridge, South Dakota Mission Trip—Youth

Date: July 2-10, 2021

Full Name (as appears on Passport or ID - please print): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Grade in School: \_\_\_\_\_

Contact Numbers: Home: \_\_\_\_\_

Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Parents or Guardian Names:

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

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

Contact Numbers: Home: \_\_\_\_\_ Work: \_\_\_\_\_

Cell: \_\_\_\_\_ Email: \_\_\_\_\_

How would you describe your health?     Excellent     Good     Average     Poor

Please state any major illness (es) you have had in the last five years. \_\_\_\_\_

Please list any medications you are taking. \_\_\_\_\_

Do you have any health or physical limitations that should be considered in a foreign assignment?

*(examples: severe allergies, difficulty in walking long distances, sensitive to heat or cold, etc)*

(OVER)

Have you ever participated in a mission trip? If so, where did you go and what did you think about it?

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How do you feel about an assignment with rustic conditions, such as primitive toilets, a bath or shower only every couple of days, limited air conditioning or heat, or no option of western food?

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**Tell about your relationship with God.** Begin by answering the question:

If you were asked, "Why should God let you into His heaven?" What would you say? \_\_\_\_\_

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Are you a member of a local church? \_\_\_\_\_ If so, what church? \_\_\_\_\_

Use this space to tell me anything else you would like for me to know about you.

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*(If you are uncertain about any of these questions, Jorge or Steve would be happy to talk with you personally and help you finish this portion of your application.)*

How do you plan to pay for the cost of the mission? \_\_\_\_\_

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

**By my signature, I grant representatives of First Baptist Church, Athens, Texas to travel with my child and also grant my permission for them to seek emergency medical treatment for my child if the need should arise.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_