



LAURELGLEN BIBLE CHURCH STORM APP

Short Term Outreach Ministry Application

____ 3/12-24

Please indicate your ____ 3/26-4/7
1st, 2nd, 3rd, and 4th

choices for trip dates: ____ 4/9-21

____ 4/23-5/5

Personal Information (Please print clearly)

Name (as it appears on your passport) _____

Address _____

City _____ State _____ Zip Code _____

Home Phone (____) _____ Work (____) _____ Cell (____) _____

Email _____

Marital Status _____ Sex: Male Female Birth Date _____

How long attending LBC? _____ Member Regular Attender

Are you a USA citizen? Yes No

Do you have a valid passport? Yes No

Passport # _____ Expiration Date _____

If you're a student, in what grade will you be at the time of the trip? _____

References

Who are three people we could talk to about your "fitness" (physical, emotional, spiritual) for this type of ministry?

Name _____

Home Phone (____) _____ Work (____) _____ Cell (____) _____

Name _____

Home Phone (____) _____ Work (____) _____ Cell (____) _____

LBC Pastor or Church Leader Reference _____

Submit application, \$100 deposit, and copy of your passport and health insurance card by 11/30/17 to: Missions Dept., Laurelglenn Bible Church, 2801 Ashe Road, Bakersfield, CA 93309.

For additional information, contact Rille Pinault at 833-2800.

Briefly answer the following questions:

How did you become a Christian?

What is your current relationship with the Lord?

How are you currently involved at LBC?

How did you hear about this project and why do you desire to participate on a mission team?

What previous missions or outreach experience do you have (if any)?

What are your spiritual gifts?

This mission trip is a relationship-based ministry (with our team and in-country partners). How comfortable are you in initiating or developing relationships with those of a different culture and language?

You will have food that is different than what you're used to. Your bed may not be extremely comfortable. They may not speak English. Do you think you'll be able to accept their hospitality without complaint?

A portion of our time will be spent with unattractive, dirty, smelly, somewhat disfigured and/or very clingy people. How do you think you might react to this?

On a scale of 1 (lowest) to 10 (highest), how would you rate yourself as a team player? _____

Using the same scale, how would you rate yourself as someone who follows leadership? _____

When working with a large group in a foreign culture, flexibility is a crucial factor. We will discuss this at length at our team meetings, but take a minute to honestly evaluate yourself. On a scale of 1 (inflexible) to 10 (very flexible), how flexible do you think you are? Elaborate if necessary.

How do you function on limited sleep? How do you function when not feeling your best? How do you function with different foods?

What are your fears in participating with this ministry?

How much time can you give on a weekly basis (average) between now and departure to help the team prepare?

The team will hold several training meetings, which may include an overnight meeting. Team members must participate in all team meetings. Are you willing to make and keep your commitment to attend these meetings?

Each team member will be expected to raise funds to help cover the team expenses. This will be done primarily through writing letters to ask for financial support. Do you have any concerns about doing this? Do you anticipate that you will contribute personal funds to the team?

Confidential Information

This section is required for consideration of your application. Please answer the questions honestly. This information will be treated confidentially and will be seen only by individuals directly involved in your application decision and appropriate leadership.

Have you ever been convicted of a crime? If so, please describe: _____

Have you ever been under treatment for mental/emotional disorders? Have you in the past or are you currently taking medication for these issues? If so, please list: _____

Please describe your general health condition. _____

Please describe any medical condition(s) that a doctor might need to know of during the trip. _____

Please list any known allergies (food, insects, medicine). _____

What prescription medication do you take? _____

Health Insurance Provider _____ Policy # _____

Blood Type _____ o **Attach a copy of your medical insurance card.**

In case of emergency, who should we contact?

Name _____

Home Phone (____) _____ Alternate Phone (____) _____

Name _____

Home Phone (____) _____ Alternate Phone (____) _____