

Application for Service with BMA Voluntary Ministries Committee

Thank you for your interest in serving with us. Submitting this form is considered a formal request to be considered for the selected trip. The information you give here will help us become better acquainted with you and enable us to better utilize your gifting's and skills as we work with you toward the trip you are interested in. This personal information will be kept confidential as much as possible. Please fill out all that applies to you.

Date _____ Trip/trips of interest to you _____

Personal Information

Full Name _____
(Exactly as it appears on your passport/driver's license)

Address _____
_____ Birth date _____

Telephone# _____ Age _____ Sex M ___ F ___

Fax# _____

E-mail Address _____

Marital Status: Single ___ Dating ___ Engaged ___ Widowed ___ Married ___

Name of Spouse or Fiancé/Fiancée _____

Please circle highest grade completed: 8 9 10 11 12

College 1 2 3 4 Graduate School _____

Parents' names (or closest family member) _____
(if you are not married)

Email address _____ Telephone # _____

Friend or other Reference _____
(Their relationship to you)

Email address _____ Telephone # _____

Friend or other Reference _____
(Their relationship to you)

Email address _____ Telephone # _____

If this trip destination is international, please supply the following information: Name (as it appears on your INTERNATIONAL passport, If you are flying to your destination a "land travel only passport will not work) _____

Citizenship _____ Passport # _____ Place of issue _____ Expiration Date _____

Driver's License # _____ State Issued _____

Nearest major airports _____ Driving time to, _____ Hrs.

_____ Driving time to, _____ Hrs.

Health

Your present health: Fair _____ Good _____ Excellent _____
Do you have any health problems, physical disabilities, special diet needs, or anything else that could affect you during your time in service? Yes _____ No _____
If you answered yes, please explain:

Family Physician: Name _____
(In case of medical emergency) Phone # _____

Occupation

Current Occupation _____
Current Employer _____ Telephone # _____
Email Address _____

Please describe your work experience or job skills.

Personal Spiritual Walk

Have you accepted Christ as your Savior? Yes _____ No _____
How is your walk with Christ today?

What are some of your strengths?

Which is your greatest strength?

What are some of your weaknesses?

Which is your greatest weakness? _____

In your words, what is the gospel message?

Church Affiliation

Are you a member of a church? Yes _____ No _____

Church name _____

Conference _____

Pastor's Name _____ Telephone # _____

Email address _____

Youth sponsor _____ Telephone # _____

Email address _____

If you answered no, what is your reason for not being a church member?

General

Why do you think God is calling you to serve on this mission trip?

Are there any other reasons you wish to go on this trip?

What do you expect to contribute to the team?

What do you hope to gain from this trip?

When was the last time you witnessed to someone locally?

Are you willing to regularly devote time until departure to prepare for this trip?

Yes _____ No _____

If yes, what do you suggest you could do to help you get more prepared?

Have you ever been exposed to similar circumstances/living conditions to where this trip is going? Yes _____ No _____ if yes; where?

What languages do you know? _____

If under eighteen, what do your parents think about this trip?

Are they supportive? Yes _____ No _____

Why should you be recommended to be included on this mission trip?

Any additional comments you may have

We encourage some financial sacrifice on your part, yet recognize the difficulty of paying for the entire cost of the trip on your own. We encourage you to seek the Lord for your financial needs and as the Lord leads, make your needs known to your pastor or mission's leader, friends, or family.

When completed, return to: Marvin Troyer
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