



Directions: Please complete the following form in its entirety, i.e. Emergency Contact, Medical Information etc. Additional Items needed to complete application include the following: FCIM Medical Release Form, Photo Consent Form & the Waiver of Liability Form which can also be found on our website.

MISSION TRIP APPLICATION

NAME: _____ DATE: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____
HOME #: _____ WORK: _____ CELL: _____
Email: _____
DATE OF BIRTH: _____

EMERGENCY CONTACT INFORMATION

NAME: _____ RELATIONSHIP: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE _____
HOME #: _____ WORK: _____ CELL: _____
Email: _____

SECTION ONE: PLEASE CHOOSE TYPE OF TRAVEL:

INTERNATIONAL TRAVEL

- *Passport
- 4 Photos for VISA Application
- Medical Requirements
- Medical History
- FCIM Jogging Suit
- Deposit (Check or Money Order)

- **Passport Number:** _____
- **Passport Expiration Date:** _____

DOMESTIC TRAVEL

- Deposit
- Medical Requirements
- Medical History

Please Return Form To: Missionworks06@aol.com
Questions Call: Nina Watkins, Mission Director
Cell: 240.882.6881

SECTION TWO: CHURCH AFFILIATION

Name of Church: _____

Pastor's Name: _____

Ministries Presently Involved In: _____

Licensed or Ordained Clergy: Yes: _____ If yes, what year? _____ No: _____

SECTION THREE: HOW DID YOU HEAR ABOUT THE TRIP:

____ Friend

____ Family Member

____ Church Member

____ Other (Describe) _____

SECTION FOUR: CROSS-CULTURAL EXPERIENCE

Have you traveled with FCIM before? (Country/Dates) _____

SECTION FIVE: LIST PREVIOUS MISSIONS EXPERIENCE WITH OTHER ORGANIZATIONS (COUNTRY/DATES)

