



2011 Global Concern Short Term Trip Application

Please return to team leader or BT McAllen office with a **\$25 non refundable application fee**. Trip Location & Date _____

Name _____
Mr./Mrs./Miss/Ms. First Middle Last Nickname or preference

Current Address _____
Street address or P.O. box number

_____ () _____ ()
City State/Province Zip/Postal code Home Phone Cell Phone

() _____ E-mail _____ Social Security Number _____ - _____ - _____
Work Phone

Date of Birth ____ / ____ / ____ Country of Birth _____ Citizenship _____

Do you have a passport? ___Yes ___No Place of Issue _____ Expiration Date _____

Passport Number _____ Name on Passport _____

Emergency Contact _____
Name Relationship to you

Street Address _____ City _____ State _____ Zip/Postal Code _____

() _____ () _____ () _____
Home Phone Work Phone 2nd Contact Phone



Family and Health Information

Marital Status: Single Engaged Married Widowed Separated Divorced

List ages of children _____ Name of Spouse if married _____

Check your answer for each of the following, giving a full explanation on another sheet for any marked "yes".

1. Are you taking medication under a doctor's direction? Yes No
2. Do you require a special diet? Yes No
3. Do you have any chronic health problems or physical limitations? Yes No
4. Is there any reason you would not be able to engage in rigorous outdoor activity, primitive living, high altitudes, extreme temperatures, etc.? Yes No
5. Have you ever sought counseling (marital, depression or other)? Yes No
6. Have you ever received treatment for drug or alcohol dependency? Yes No

Education and Experience Information

What is your current occupation? _____

List any specialized skills, training or certifications. _____

What is the highest level of education you have attained? _____

What college, if any, did you attend/are you attending? _____

Major Purpose of Study _____

Foreign Language(s) _____ Years Studied _____

Verbal Ability: Beginner Understand some Able to respond sometimes Advanced Fluent

Briefly describe any overseas travel experience you have had _____

Have you raised financial support in the past? Yes No

Christian Life Information

List and comment on your three greatest personal strengths and weaknesses.

Strengths	Weaknesses
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____

What do you feel that you can contribute to a team by way of abilities or talents:

- Children's Ministries Medical/Health Youth Ministry Teaching Evangelism Preaching
 Music Drama Construction Office Administration Technical Training Micro-business
 Women's Ministry Other _____



