



## Missions Trip Application

Name of Ministry Trip \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Email \_\_\_\_\_

### GENERAL INFORMATION

Marital Status  Single  Married  Separated  Divorced  Widowed

Occupation \_\_\_\_\_

How long have you attended Capital Church? \_\_\_\_\_

If Capital is not your home church, where do you attend? \_\_\_\_\_

If you do not attend Capital, do you have a pastoral letter of recommendation?  Yes  No

Do you have any medical condition that could affect your participation on this trip?  Yes  No

If yes, please explain. \_\_\_\_\_

Are you currently taking any medications on a regular basis?  Yes  No

If yes, please explain. \_\_\_\_\_

Ministry trips require flexibility due to scheduling changes. No matter how much we prepare, things will change. Are you willing to be flexible?  Yes  No

### MINISTRY SKILLS

Please list any foreign languages you speak fluently. \_\_\_\_\_

Do you have previous experience in the mission field?  Yes  No

If yes, when and where? \_\_\_\_\_

Have you ever taught a Bible study or a small group?  Yes  No

If yes, please explain/describe. \_\_\_\_\_

Do you have any skills or experience in construction, the medical field, children's ministry, evangelism, music or other areas?  Yes  No

If yes, please explain/describe. \_\_\_\_\_  
\_\_\_\_\_

**CHRISTIAN EXPERIENCE**

How long have you been a Christian? \_\_\_\_\_

Please share about your relationship with Christ. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that by filling out this application:

- 1. It does not guarantee I will be selected to go on a ministry trip.
- 2. If I am not selected, my deposit will be refunded in full.
- 3. If I am selected, I agree to submit to the leadership and policies of Capital Church at all times during this trip.

*If selected for this ministry trip, you may be required to fill out additional forms including, but not limited to, the travel profile, medical release, parental consent for minors and other documents relating to your ministry trip.*

\_\_\_\_\_  
Signature Date

**FOR OFFICE USE ONLY**

Application Date \_\_\_\_\_

Non-Refundable Deposit Received  Cash  Check # \_\_\_\_\_ Amount \_\_\_\_\_