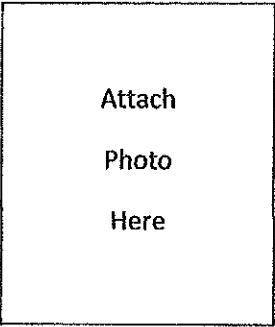


Skyline Baptist Church

3311 Liberty St.

North Bend, Oregon 97459



Attach  
Photo  
Here

Short-Term Missions Application

Date of Application: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First MI (Nickname)

Address: \_\_\_\_\_  
Street City State Zip Code

Phone: \_\_\_\_\_ Age: \_\_\_\_\_ Male  Female  Name of Spouse: \_\_\_\_\_

Employer/Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Passport Number: \_\_\_\_\_ Issue Date: \_\_\_\_\_ Expires: \_\_\_\_\_

Home Church: \_\_\_\_\_ Are you a member: Yes  No

*Note: If your home church is not Skyline Baptist, please attach a letter of reference from your Pastor.*

Church Address: \_\_\_\_\_  
Street City State Zip Code

Church Phone: \_\_\_\_\_ Pastor's Name: \_\_\_\_\_

Health

Describe your general health: \_\_\_\_\_

Special needs or limitations: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_  
Name Relationship Phone

Skills/Experience

List your skills and/or spiritual gifts that apply to this ministry opportunity: \_\_\_\_\_  
\_\_\_\_\_

List any previous missions experience (include location, year and duration): \_\_\_\_\_  
\_\_\_\_\_

In what ways are you involved with your local church and/or other ministries? \_\_\_\_\_  
\_\_\_\_\_

Attach a typed copy of your personal testimony, including your current relationship with Jesus Christ.

Ministry Summary

Location of mission trip: \_\_\_\_\_ Dates of trip: \_\_\_\_\_  
Purpose of mission trip: \_\_\_\_\_  
Team Leader: \_\_\_\_\_ Phone: \_\_\_\_\_  
How can we pray for you and this work? \_\_\_\_\_

Estimated cost of the trip: \$\_\_\_\_\_ Are you requesting financial assistance? Yes  No

Are you requesting permission to distribute a support letter to Skyline Membership? Yes  No   
*Note: If yes, please provide a sample of the letter to the Missions Commission for approval prior to distribution.*

Do you agree to being commissioned by the leadership of Skyline prior to leaving? Yes  No

Do you agree to provide a report to the church body of how God used you on this trip? Yes  No

Have you read and do you understand the Statement of Faith adopted by Skyline Baptist Church, and can you endorse it without mental reservation? Yes  No

Disclaimer

*I am aware that my participation in this short-term mission trip is voluntary, without remuneration. I clearly understand that raising all expenses, including but not limited to travel, insurance, meals, and lodging will be my responsibility.*

*I recognize that participation on a trip of this nature may be hazardous or dangerous. My signature on this document signifies that I am assuming all responsibility for myself and my possessions while on this trip. I agree not to hold responsible Skyline Baptist Church or its members for any damages, losses, injuries or medical/dental expenses that should occur as related to this mission trip.*

*I have read the above statement and understand my physical, financial and spiritual commitment to participate.*

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

Signature of Guardian (if under 18): \_\_\_\_\_ Date: \_\_\_\_\_