



missions

at ginghamburg

Return completed form to Ginghamburg Church's main office (attn: Missions) or mail to Ginghamburg Church, 6759 S County Rd 25A, Tipp City, OH 45371.

What trip are you registering for: _____ **Date of trip:** _____

1. Full Name (as it appears on passport or driver's license): _____

2. Date of Birth: ____ ____ ____

3. Street Address: _____

4. City: _____ State: ____ Zip Code: _____

5. Home Phone: ____/____ and/or Cell Phone: ____/____

6. Email: _____

7. Place of employment: _____ Position: _____

8. How long have you been a part of Ginghamburg Church? _____ Are you a member? Yes No

9. Are you part of a community life group at Ginghamburg? (i.e., Life Group, Adult Classes) If yes, which one(s)?

10. Are you serving at Ginghamburg Church? If yes, in which ministries and for how long?

11. Is this your first mission trip? Yes No If no, which trips have you participated in (location, date, team leader)?

12. Check skills / interests you have that may be used on this team:

- | | | | |
|---|-----------------------------------|--|--|
| <input type="checkbox"/> Administration | <input type="checkbox"/> Business | <input type="checkbox"/> Children's Ministry | <input type="checkbox"/> Construction Skills |
| <input type="checkbox"/> Cooking | <input type="checkbox"/> ESL | <input type="checkbox"/> Evangelism | <input type="checkbox"/> Finances |
| <input type="checkbox"/> Foreign Language | <input type="checkbox"/> Worship | <input type="checkbox"/> Photography | <input type="checkbox"/> Small Group Leading |
| <input type="checkbox"/> Driving | <input type="checkbox"/> Sports | <input type="checkbox"/> Farming | <input type="checkbox"/> Art |
| <input type="checkbox"/> Painting | <input type="checkbox"/> Youth | <input type="checkbox"/> Elderly | <input type="checkbox"/> Teaching/Training |

Other: _____

Emergency Contact Information

Full Name: _____ Relationship: _____

Address: _____

Primary Phone #: () _____ Email: _____

Medical and Health History

Please describe your health, including any physical, emotional or dietary limitations/issues:

List any allergies (food, medicine, environment, insects, etc.)

List current medications (both prescription and over the counter, dosage/frequency/reasons for taking medication):

Insurance Provider: _____ Policy/Contract #: _____

References

Please list two references whom we may contact: (non- family members and one must be from the church - pastor/lay leader/class teacher/etc.):

1. Name: _____ How long have you known this reference? _____

Phone number: _____ Email: _____

2. Name: _____ How long have you known this reference? _____

Phone number: _____ Email: _____

Personal Reflection / Your Story

Put a mark on the line below of where you are spiritually:

_____ *I regularly spend time reading the Bible and in prayer.* *I sometimes read the Bible and pray.* *I almost never read the Bible and pray.*

Put a mark on the line below of where you are emotionally:

_____ *I have emotionally healthy boundaries and generally healthy relationships.* *I'm working on healthy boundaries and have moderately healthy relationships.* *I struggle to navigate my boundaries, emotions and relationships.*

Put a mark on the line below of where you are physically:

_____ *I exercise regularly.* *I occasionally exercise.* *I rarely exercise and/or have physical limitations.*

Why do you want to go on this trip?

Give a summary of your relationship with Jesus Christ. Include (1) when and (2) how you accepted Christ, and (3) what Jesus means to you in your daily life.

Deposit included: \$ _____ Cash -or- Check - make out to Ginghamburg Church. Put name and date of the trip on the memo line.

Date _____ Signature _____