

Application for Mission Opportunities

Bethel Baptist Church Missions Ministry
1004 Yorktown Road, Yorktown, VA 23693

Please adequately complete all information

Personal Information:															
Name:						Date:									
Street Address:															
City:				State:			Zip:								
Phone #		Home:			Work:			Cell:							
Email															
Date of Birth:				Social Security #:											
Passport #						Issue Date/Exp. Date:			/						
<i>(place an X in the appropriate box for the two questions below)</i>															
Gender:		<input type="checkbox"/> Male		<input type="checkbox"/> Female		Marital Status:		<input type="checkbox"/> Single		<input type="checkbox"/> Married		<input type="checkbox"/> Widowed		<input type="checkbox"/> Divorced	
Spouse's Name:						Does your spouse support your decision to go (Y or N)									
Have you ever been arrested for a felony? (Y or N)															
<i>If yes, please explain here:</i>															
In case of emergency, please notify:															
Name:						Relationship:									
Street Address:															
City:				State:			Zip:								
Phone #		Home:			Work:			Cell:							
Volunteer Field Information:															
With Which mission project will you serve?															
Dates of Project:				Field Assignment (Country)											
Please list any foreign language training and your level of proficiency:															

Health:

How would you describe your present health?

Excellent

Good

Average

Poor

Please include any major illness(es) you have had within the last five years:

Are you presently under the care of a physician?

Yes

No

If yes, please explain below:

Please list below any medications you are currently taking:

Please list below any allergies you have:

References:*Please provide two references. One should be a BBC minister or teacher in an area where you are currently serving or have served.***Reference One** (BBC minister/teacher)

Name:

Relationship:

Street Address:

City:

State:

Zip:

Phone #

Home:

Work:

Reference Two (Other)

Name:

Relationship:

Street Address:

City:

State:

Zip:

Phone #

Home:

Work:

Testimony:

In the space provided below, please share your personal testimony. Please be sure to include how long you have been a believer:

Please explain briefly what you hope to see the Lord do in and through you on this mission trip: