



## APPLICATION – KCBT SHORT-TERM MISSIONS

GENERAL INFORMATION	
Last Name (as appears on passport)	
First Name, Middle Name (as appears on passport)	
Date of Birth	
Street Address	
City, State, Zip	
Email	
Home Phone	
Cell Phone	
Profession	
US Citizen	<input type="checkbox"/> Yes <input type="checkbox"/> No
Passport #	
Expiration Date	
Country of Passport Issue	
Visa Status	

SPIRITUAL BACKGROUND	
Briefly tell how and when you became a Christian.	
What is the name of your local church? How long have you been a member?	
Describe briefly why you want to be part of a short-term mission trip and how you hope to use your cross-cultural experience upon return?	
Have you had any previous experience sharing the gospel with strangers? Explain.	
What contact have you had with racial, ethnic or cultural groups other than your own?	
What are your strengths in a team-based setting?	
What are your weaknesses in a team-based setting?	
Small Group Member? <input type="checkbox"/> Yes <input type="checkbox"/> No Which one?	
Small Group Leader? <input type="checkbox"/> Yes <input type="checkbox"/> No Which one?	

EXPERIENCE	
Past missions trip location	
Date	
Past missions trip location	
Date	
Past missions trip location	
Date	
Additional Overseas Travel? <input type="checkbox"/> Yes <input type="checkbox"/> No List Locations	

SKILLS (circle all that apply)		
Accounting	Graphics	Other _____
Art	Musical Instrument	Other _____
Administration	Photography	Other _____
Computer	Sports	Languages: (Fluency — 1=Beg / 2=Int / 3=Adv)
Construction	Video	_____ Fluency _____
Drama	Vocalist	_____ Fluency _____
Engineering	Writing	_____ Fluency _____

MEDICAL INFORMATION	
List major illnesses in last 12 months	
List any Allergies	
Blood Type	
List any prescription medications you plan to bring with you	
List physical limitations/restrictions	
Have you had treatment / hospitalizations for an emotional or mental condition in last 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain.	
Date of last Tetanus Booster	
Date of Hepatitis A Vaccine	
Date of Hepatitis B Vaccine	
Do you have medical insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Insurance Company	
Policy #	

## EMERGENCY CONTACT INFORMATION

Contact Name	
Contact Relationship	
Contact Address	
Contact City, State, Zip	
Contact Home Phone	
Contact Work Phone	
Contact Cell Phone	
Contact Email	

## REFERENCES

Please list one reference from your pastor or two from ministry or work relationships (see following form.)

<b>Pastor's Name</b>	
Street Address	
City, State, Zip	
Email	
Home Phone	
Work Phone	
Cell Phone	
<b>Reference Name</b>	
Relationship	
Street Address	
City, State, Zip	
Email	
Home Phone	
Work or Cell Phone	
<b>Reference Name</b>	
Relationship	
Street Address	
City, State, Zip	
Email	
Home Phone	
Work or Cell Phone	

**1) Overseas missions are dependant upon the teams serving in a united manner both together and with the receiving church/ministry. While there are needs requiring appeal of direction or action, the witness of the team (as seen in John 13:34-35) is as important to the effectiveness of the mission as the labor itself. Following leadership is a key component of that unity. Below is a declaration of your commitment to Biblical submission:**

*"I understand the importance of following the leadership of both my team leader and any in-country leaders for this mission trip. I am committed to submitting to their Biblical leadership and following all team directives."*

Signature:

**2) This mission trip will undertake a project to eternally benefit the people of the city and country where your team will serve. While the project may focus on any number of different objectives, it will be imperative that each team member dedicates themselves to the equipping, roles, and on-site efforts with full dedication. As such, an agreement of mission commitment is given here:**

*"I recognize that the mission project on which I serve has significant spiritual implications. Therefore, I commit to engage fully in all equipping times and materials prior to the trip, in whatever role I am asked to play, and in the itinerary of activities for our mission team while on the field."*

Signature:

Please distribute the following referral form to each of your references. Return the completed application to the Missions Office mailbox or as a Word e-mail attachment (rlatore@kcbt.org).

If you have any questions regarding this application or the trip, please contact your trip leader or the Missions Pastor at (816) 358-0988 x2022.



# REFERENCE FORM – KCBT SHORT-TERM MISSIONS

**~ CONFIDENTIAL INFORMATION ~**

Applicant's Name: \_\_\_\_\_

Your Name: \_\_\_\_\_

**What best describes your relationship to the applicant?**

- Pastor/Campus Director  
  Small Group Leader  
  Co-worker Through Job or Ministry  
 Friend/Family

**How long have you known the applicant?**

- Less that 6 months  
  6-12 months  
  1-2 years  
  More than 2 years

**How well would you say you know the applicant?**

- Very well  
  Well  
  Somewhat  
  Not very well

1. The following categories relate to areas of personal character, social and spiritual maturity. Please mark with an "X" the box that most accurately describes the applicant.

	<b>Strong</b>	<b>Good</b>	<b>Average</b>	<b>Weak</b>	<b>Not Observed</b>
Faithfulness with tasks and responsibilities					
Personal discipline and perseverance					
Leadership, ability to instill vision					
Deals well with stress					
Willingness to work with new people					
Humility					
Ability to follow directions					
Self-image, acceptance of who he/she is					
Desire to serve others					
Effectiveness in evangelism					
Spiritual maturity					
Healthy relationships with opposite sex					
Healthy relationships with family and friends					
Moral purity					

2. Does the applicant have any deep emotional problems, addictions, poor doctrinal stances, or moral weaknesses that could prove disruptive to the summer mission trip?

Yes    No   If yes, please explain:

3. Have you ever had reason to question this person's morals or honesty?

Yes    No   If yes, please explain:

4. What are his/her areas of greatest strength or ability?

5. What is your overall recommendation for this applicant's involvement in the summer mission trip?

- |  |   |
|--|---|
| <input type="checkbox"/> Great candidate for outreach leader | <input type="checkbox"/> Mission trip would be great for his/her life |
| <input type="checkbox"/> Could handle extra responsibilities | <input type="checkbox"/> May require extra care                       |
| <input type="checkbox"/> A good "right hand" person          | <input type="checkbox"/> Not suitable or ready for summer project     |

6. Additional Comments:

\_\_\_\_\_  
Reference Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Reference Name (Printed)

Please mail or email this reference form directly to:

**Kansas City Baptist Temple**  
ATTN: Missions Office  
5460 Blue Ridge Cut-Off  
Kansas City, MO 64133

[jgrimwood@kcbt.org](mailto:jgrimwood@kcbt.org)