



A FAMILY OF FAITH. A HOME FOR YOU.

First Presbyterian Church, Kingwood, Texas  
Missions Trip Application

(Individual Form – retain this page)

*“After this I looked and there before me was a great multitude that no one could count, from every nation, tribe, people and language, standing before the throne and in front of the Lamb.” Revelation 7:9a*

The Missions Ministry Team is pleased that you are interested in serving on one of First Presbyterian Church’s short-term missions trips. Your experience on a Missions Trip can truly change your life and draw you closer to God and His people. Please read the following information and complete the application that follows.

- Each potential team member needs to complete the application form.
- All questions regarding the mission trip should be directed to the Trip Team Leader (or “Trail Boss”).
- Team members are expected to attend ALL team meetings and training prior to the trip as directed by the Team Leader, as well as the follow-up meetings.
- All trip costs are the team member’s responsibility unless sponsorship funding has been arranged in advance. Requests for scholarships from FPCK should be directed to the chairman of the Missions Committee of FPCK.
- If you are unable to participate in your trip, please notify the Team Leader as soon as possible. You may not be able to receive a refund on your funds, depending on the timing of your cancellation.
- Team members will be given information regarding expenses for specific trips, vaccination recommendations from the Center for Disease Control, and other expenses anticipated for participants.
- Passports may take several months after application to obtain, and usually must remain valid 6 months after the proposed return date from the trip. An electronic copy/scan of your passport is required to be provided to the church office during the time of the mission trip, to be available to local embassies if needed (church staff can assist in this, as needed).
- Expense of passports, required or recommended vaccinations, and medical evaluations, and medications for personal use are the responsibility of the mission participant.

Trip Name: \_\_\_\_\_

Dates: \_\_\_\_\_

*The information on this form will be treated as confidential and is for use by the  
First Presbyterian Church of Kingwood's (FPCK) Missions Ministry.*

Individual Team Member - Confidential Application

## SECTION I

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This application should be filled out and returned to the FPCK Missions Ministry.  
**You may use additional pages if necessary. Return to:**

Pastor Tom Edwards  
First Presbyterian Church of Kingwood  
5520 Kingwood Drive, Kingwood, TX 77345  
[tom@fpc-kingwood.org](mailto:tom@fpc-kingwood.org)  
281-360-5555

Personal Information (Please type or print clearly)

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_

**Name** *exactly as it appears on passport* \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home Phone:**(    ) \_\_\_\_\_ **Work Phone:**(    ) \_\_\_\_\_

**E-Mail:** \_\_\_\_\_ **Fax:**(    ) \_\_\_\_\_

**Date of Birth:** \_\_/\_\_/\_\_ **Passport #:** \_\_\_\_\_ **Passport expiration** \_\_/\_\_/\_\_

**Sex:** Male\_\_ Female\_\_ **Marital Status:** Single\_\_ Married\_\_ Divorced\_\_ Widowed\_\_

**Age(s) of child(ren) (if applicable):** \_\_\_\_\_

**References (church staff, small group leader, mission leader) familiar with your skills, and/or your ability to serve on a mission team:**

**Name:** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Phone/Email:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Phone/Email:** \_\_\_\_\_

**If you are a member of a church other than FPCK please complete the following:**

**Home Church:** \_\_\_\_\_ **Denomination:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_ **Zip:** \_\_\_\_\_  
**Pastor:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Occupation**— Please describe your present employment and any pertinent information regarding work experience related to missions:

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**FPCK Involvement**

(This information will help us to know how you might provide needed skills and experience to our trip)

Do you attend FPCK Worship Services? Yes\_\_\_No\_\_\_ Which one?\_\_\_\_\_

Are you a member of FPCK? Yes\_\_\_No\_\_\_ How Long?\_\_\_\_\_

Have you served in a ministry at FPCK? Yes\_\_\_No\_\_\_  
Which Ministries? \_\_\_\_\_  
How Long? \_\_\_\_\_

Please describe your participation in the life of First Presbyterian Kingwood, (Sunday school attendance, Ministry involvement, etc.) or if you are involved in another church family, please describe your participation there:

Please tell us about your most recent mission trips

Trip Name: \_\_\_\_\_

Dates/Year: \_\_\_\_\_ Nature of mission: \_\_\_\_\_

Trip Name: \_\_\_\_\_

Dates/Year: \_\_\_\_\_ Nature of mission: \_\_\_\_\_

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Please share highlights of any other previous missions experience or cross-cultural experiences you have had (i.e., living overseas, travel abroad, etc.):

Language Fluency (*Other than English-Conversation: Fluent, Fair, Basic*)/Language  
Conversational Fluency

\_\_\_\_\_  
\_\_\_\_\_

**Please write the appropriate code next to the skills/talents you possess.**

*Codes: 1-Average 2-Better than average 3-Professional. Please note that all of these areas may not be applicable for all trips.*

**Construction**

- \_\_\_ Carpentry
  - \_\_\_ Painting
  - \_\_\_ Masonry/Carpentry
  - \_\_\_ Roofing
  - \_\_\_ Electrical
  - \_\_\_ Plumbing
  - \_\_\_ Other (specify)
- \_\_\_\_\_

**Business**

- \_\_\_ Computers
  - \_\_\_ Accounting
  - \_\_\_ Other (pls. Specify)
- \_\_\_\_\_

**Ministry Experience**

- \_\_\_ Teaching
- \_\_\_ Age of students
- \_\_\_ VBS
- \_\_\_ Other (specify)

**Web**

- \_\_\_ Design/Graphics
  - \_\_\_ Writing
- \_\_\_\_\_

**Photography or  
Journalism**

\_\_\_\_\_

**Medical**

- \_\_\_ Nursing
  - \_\_\_ Physician
  - \_\_\_ Dental
  - \_\_\_ EMT
  - \_\_\_ CPR
  - \_\_\_ Therapy (PT, OT, other)
  - \_\_\_ Other (specify)
- \_\_\_\_\_

**Music**

- \_\_\_ Instrument (list)
- \_\_\_\_\_
- \_\_\_ Vocal
  - \_\_\_ Other (specify)
- \_\_\_\_\_

**Performance**

- \_\_\_ Juggling
- \_\_\_ Clowning
- \_\_\_ Puppetry
- \_\_\_ Drama

Other Abilities

\_\_\_\_\_

Please describe any other special skills not included above that you would bring to this group. (Sign language, construction expertise, arts & crafts, recreation, etc.):

Tell us a little about yourself (interests, hobbies, work or recreational experiences):

How would others describe your personality?

Describe why you feel called to participate on this mission trip, including what you hope to gain from the experience and what you would like to contribute:

Thank you for providing this information.

## SECTION II

### Confidential Information for use in Medical Emergencies & Assessment

Full Name: \_\_\_\_\_

Passport Number: \_\_\_\_\_

Medical Insurance Provider: \_\_\_\_\_ Policy # \_\_\_\_\_

International/travel insurance (not required)

Provider: \_\_\_\_\_ Policy # \_\_\_\_\_

Name of your Physician: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_

Office Phone: ( ) \_\_\_\_\_ After hours Phone ( ) \_\_\_\_\_

Please list all the drugs/medications you are presently taking indicating the generic name, exact strengths / dosage and time administered:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List medical problems for which you have received medical care in the past 12 months:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any history of major illness or surgery: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Date of most recent tetanus immunization \_\_\_\_\_

Have you received hepatitis A and hepatitis B vaccine? \_\_\_yes \_\_\_no

Have you had measles? Chicken pox? Hepatitis A / B / C / other? (circle)

List any known allergies (**including food allergies**): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please list any medical conditions helpful for a physician to know should you require emergency medical attention during the trip: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Missions trip work may require some physical exertion, on occasion at altitude.

List any physical limitations **to walking, climbing, carrying supplies:** \_\_\_\_\_

\_\_\_\_\_

**Emergency Authorization**

I give any licensed, practicing physician or hospital full authority to provide emergency medical treatment for me in the event such treatment is deemed necessary and I am not able to make such a decision. I also hereby give my permission for a licensed practicing physician to administer whatever medical treatment he/she may deem necessary for me in the event of any medical emergency affecting me.

**In Case of Emergency Contact:**

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

Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

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

Relationship to Applicant: \_\_\_\_\_

Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Work Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Cell: ( \_\_\_\_\_ ) \_\_\_\_\_

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

**Section III**

**First Presbyterian Church of Kingwood, Texas  
Missions Ministry**

*U. S. State Department Bureau of Consular Affairs  
Country Advisory Confirmation*

The undersigned has received/accessed/read the U. S. State Department Country Advisory for his/her designated country of travel and therefore agrees to hold the First Presbyterian Church of Kingwood and its agents harmless (not liable) for injury, death, or unanticipated expense(s) on/from participation in/on a missions trip. Country Advisories may be located by going to [www.travel.state.gov](http://www.travel.state.gov) and locating the destination country. Medical advisories are available at [www.cdc.gov](http://www.cdc.gov) and locating the destination country.

\_\_\_\_\_  
Name of Mission Trip Participant

\_\_\_\_\_  
Signature of Mission Trip Participant

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Name of Witness

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date Signed