

**WEST HIGHLAND FELLOWSHIP BAPTIST CHURCH
WEST HIGHLAND TEAM APPLICATION FORM**

Applicant Personal Information

Last Name: _____ First Name: _____

Gender: M / F Date of Birth: ____/____/____ (m/d/y)

E-mail: _____ Member: Y [] N [] Attending Since _____

Address: _____ Telephone: _____

Mission Organization and Type of Service: _____

Date of Mission Trip: From _____ To: _____

Please answer the following questions. Use additional sheets of paper if necessary and staple to application form.

1. How do you know that you are a Christian?

2. Describe any involvement you have had in West Highland ministries or activities.

3. What are your previous experiences and/or ministries outside WH?

4. Why do you want to be a part of this short-term ministry?

5. List your abilities, gifts, or interests that would be beneficial on the short-term team.
6. How do you plan to finance or raise support for this trip?
7. Please describe any current medical conditions (including food allergies or diet considerations) or health conditions that could affect you during this trip.
8. Is this your first mission trip? Yes [] No []
- Have you read and do you agree with the West Highland Statement of Faith?
Yes [] No []
- Would you be willing to give a verbal/written report to the congregation following the trip? Yes [] No []
- Would you be willing to participate in the team training program? Yes [] No []
- Prayer is an important part of a mission trip. Please provide the names of three of your prayer partners.

Instructions For Applicant

- Please enclose a photo of yourself (write your name and ministry date on the back)
- Please provide the name of a leadership team member or someone from the Pastoral staff who would recognize you as a part of the West Highland. The Missions committee may approach this individual to get a better understanding of your involvement at West Highland.

Name: _____ Role at West Highland: _____

- Please date and sign the application form. Completion of the application does not guarantee acceptance. The Missions Committee will make the final decision through review of the application, interviews and prayerful discernment.

Signature: _____ **Date:** _____
(Parental signature is required if the applicant is under 18)

For Mission Committee Use:

Form Received: Applicant Interviewed: Applicant Approved:

Chairperson's Signature: _____ Date: _____