



Jackson Way Baptist Church
Missionary/Internship APPLICATION



Return your completed application to the Jackson Way Baptist Church (JWBC) office. Your application will not be processed unless it is completely filled out. For questions contact Stacy, Assistant to the Senior Pastor, at 256.539.5729 x108 or sluna@jwbc.org.

Name of mission destination and date of trip or internship for which you are applying:
I have spoken with a member of the JWBC Ministerial Staff or the Missions Pastor : Yes No

Note: All information on this application may be seen by Go Serve mission team leader(s) and as necessary, JWBC senior staff. Please fill out all information whether applicable or not.

- 1) Full Name (as it appears on passport):
2) Date of Birth: M F
3) Marital Status: Married Single
4) Street Address: City: State: Zip Code:
5) Home Phone: Work Phone:
6) E-mail:
7) Country of Citizenship: Do you have a passport? yes no
8) Home Church affiliation: # of Years:
9) Do you attend a Sunday School Class, other church-based group, or community group at JWBC? Yes No If so, which one(s)?
10) Do you serve in the church? Yes No If so, what do you do? Who is your ministry leader(s)?
11) Do you feel equipped to lead someone to Christ? Yes No Why or why not?
12) Describe your spiritual life at present. If you consider yourself a Christian, tell us how you came to Christ. (Please attach a separate page with your answer.)
13) Why do you want to go on this trip/internship?

14) How would you like to grow personally from this trip/internship? _____

15) What do you understand your spiritual gifts to be? _____

16) Place of employment? _____ Position: _____

17) List any ministry strengths/cross-cultural experience you bring to this trip/internship: _____

18) Check skills you have that may be used on this trip/internship:
 Administration ELL/EFL instruction Evangelism
 Finances Foreign language: _____ Leading worship through music
 Musical instrument: _____ Photography Small group leading Videography
 Other: _____

19) Please suggest two references (non-relatives) we can contact:
Name: _____ Phone: ____/____ Relationship: _____
Name: _____ Phone: ____/____ Relationship: _____

20) Primary means by which you plan to finance trip (if you are applying for a paid internship, skip to question 21):
 Personal funds Raise support from friends at JWBC
 Raise support from friends outside JWBC
 I would like instruction on how to raise support

21) I have health insurance coverage in the location to which I will be traveling:
 Yes Company: _____ Policy: _____ No

22) Describe any physical condition or health issue that could be affected by physical stresses or a lack of emergency medical services. _____

State history of any hospitalizations: _____

23) List any allergies: _____
Prescription drugs you are taking: _____
Blood type: _____

24) I have received all routine immunizations recommended by my doctor. I will confirm that I have an updated Tetanus / Diphtheria immunization on record. I agree to obtain any immunizations *required* for this trip, and I will check with my doctor for *recommended* immunizations.
 Yes No If no, please explain: _____

25) Emergency Contact:
Name: _____ Relationship: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Home phone: ____/____ Work phone: ____/____

JWBC Release Form

If accepted for this trip, I will participate voluntarily and of my own free will. I will not hold team leaders, sponsoring mission/missionaries, or JWBC responsible for any accident, injury, illness or other personal loss that might result from this trip. I authorize team leaders, as my agents, to consent to any emergency treatment that is necessary in the case of accident or illness, which is deemed advisable. I will submit to team leadership and maintain a cooperative spirit in all activities. To the best of my ability, I will participate in trip preparation and evaluation sessions. If I am receiving disability benefits, I will provide a letter from a physician stating activities in which I can participate.

Signature

Date

Parental Permission (if under 18)

Date