



Cottage Hill Baptist Church  
Application for Short-Term Mission Experience  
4255 Cottage Hill Road, Mobile, AL 36609

PERSONAL INFORMATION

Date \_\_\_\_\_

- Male     Female

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone No.:

Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Email Address \_\_\_\_\_

Date of Birth \_\_\_\_\_

Country of Citizenship \_\_\_\_\_ Country of Birth \_\_\_\_\_

Do you have a passport?     Yes     No

If yes, passport no. \_\_\_\_\_

Date issued \_\_\_\_\_ Expiration date \_\_\_\_\_

Marital Status (Please check one)

- Single     Married     Separated     Divorced  
 Engaged     Widowed     Annulled     Divorced & Remarried

Spouse's Name \_\_\_\_\_

Is your spouse supportive of you applying for this trip?     Yes     No

If no, please explain \_\_\_\_\_

Names and ages of children \_\_\_\_\_

In case of emergency, please notify:

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone No.:

Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

## HEALTH

How would you describe your present health?

- Excellent     Good     Average     Poor

Please state any major illness(es) you have had in the last five years:

---

---

Please list any maintenance medications you are currently taking:

---

---

Please list any allergies you have: \_\_\_\_\_

---

Please list the name and phone number of your primary physician:

Name \_\_\_\_\_

Phone \_\_\_\_\_

Are you presently under the care of a physician?     Yes     No

If yes, please explain. \_\_\_\_\_

---

## FIELD OF SERVICE

Which mission trip are you applying for? \_\_\_\_\_

Do you speak any foreign languages?     Yes     No

If yes, please list them and indicate your level of proficiency.

---

---

Please list any skills, talents, or Christian service experience that you feel may be helpful on the field.

---

Please list previous mission experience.

Dates of Project

Country

Your Ministry

Church/Mission  
Organization

---

---

---

---

## CHURCH INVOLVEMENT

Are you a member of Cottage Hill Baptist Church?     Yes     No

If yes, how long? \_\_\_\_\_

If no, what church are you a member of and for how long?  
\_\_\_\_\_

Are you currently part of a Cottage Hill Sunday school class?     Yes     No

If yes, who is the leader/teacher of the class? \_\_\_\_\_

Please list the ministries with which you have served:

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

(Please list length of involvement, any leadership positions held, and the organization/church, which was responsible for the ministry.)

## EDUCATION

Please list your educational background from most recent school attended, including high school:

Name/Location \_\_\_\_\_ Year Graduated \_\_\_\_\_

Major/Minor \_\_\_\_\_

Degree/Certificate \_\_\_\_\_

Name/Location \_\_\_\_\_ Year Graduated \_\_\_\_\_

Major/Minor \_\_\_\_\_

Degree/Certificate \_\_\_\_\_

Name/Location \_\_\_\_\_ Year Graduated \_\_\_\_\_

Major/Minor \_\_\_\_\_

Degree/Certificate \_\_\_\_\_

## EMPLOYMENT

Please list your employment and/or volunteer experience beginning with the most recent.

Employer \_\_\_\_\_ Length of Employment \_\_\_\_\_

Title/Responsibilities \_\_\_\_\_

Employer \_\_\_\_\_ Length of Employment \_\_\_\_\_

Title/Responsibilities \_\_\_\_\_

Employer \_\_\_\_\_ Length of Employment \_\_\_\_\_

Title/Responsibilities \_\_\_\_\_

## REFERENCES

Please provide two references. One should be a ministry leader with whom you have served. The other reference should be someone who knows your ministry abilities as well as your strengths and weaknesses.

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

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

Phone No.: Home \_\_\_\_\_ Work \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

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

Phone No.: Home \_\_\_\_\_ Work \_\_\_\_\_

## COMMITMENT

If selected to be a part of a Cottage Hill Baptist Church mission team, I make a commitment to:

- Go through the training process prior to departure and after I return from the trip.
- To conduct myself in a manner worthy of the Lord while serving Him on the project.
- Submit to the team leader's and the host on the field's authority.
- Refrain from any behavior which may compromise my witness (i.e.: abusive language, alcohol, drugs, smoking, etc.).

Additionally, if at any time on the project my behavior constitutes a problem, the team leader has the authority to ask me to return home. Any additional costs incurred as a result of this action will be at my cost.

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

**TESTIMONY**

On the space provided below, please share your testimony. Please include how long you have been a believer.

---

---

---

---

---

---

---

---

---

---

---

**MOTIVATION**

Please explain briefly what you hope to see the Lord do in and through you on this mission project and explain why you want to participate.

---

---

---

---

---

---

---

---

---

---

---