

**First Baptist Church of West Palm Beach  
Application For Short-Terms Missions**

**PLEASE PRINT INFORMATION**

Mission Trip Destination: CUBA Trip Dates: \_\_\_\_\_

**❖ PERSONAL INFORMATION ❖**

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(as it appears on your passport)

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

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

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Email: \_\_\_\_\_

Male  Female ❖ T-shirt Size:  Small  Medium  Large  X-Large  XX-Large

Date of Birth: \_\_\_\_\_ Place of Birth (city, state, country) \_\_\_\_\_

Social Security #: \_\_\_\_\_

Passport #: \_\_\_\_\_ Passport Date of Issue: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Passport Expiration Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Driver's License #: \_\_\_\_\_

Father's complete name \_\_\_\_\_

Mother's complete name \_\_\_\_\_

If you don't have a passport yet, what is the status of receiving your passport?

\_\_\_\_\_

**\*\*\* PLEASE ATTACH A COPY OF YOUR PASSPORT PHOTO PAGE TO THIS APPLICATION. \*\*\***

Marital Status:  Single  Married  Separated  Divorced  Engaged  Widowed

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

Cell Phone Number: \_\_\_\_\_ Work Number: \_\_\_\_\_

Email: \_\_\_\_\_

Names and ages of children:

Name \_\_\_\_\_ Age \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_

Persons you would like to receive email updates while we are on mission:

Name \_\_\_\_\_ Telephone \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Telephone \_\_\_\_\_ Email \_\_\_\_\_

**❖HEALTH & INSURANCE INFORMATION❖**

How would you describe your health?  Excellent  Good  Average  Poor

Please list any major illnesses you have had in the last five years:

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

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

If yes, please explain: \_\_\_\_\_

Please list any medications you are taking: \_\_\_\_\_

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

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

\_\_\_\_\_

Please describe any other health conditions we need to know about: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**❖PERSONAL HEALTH INFORMATION❖**

Health Insurance Provider: \_\_\_\_\_

ID #: \_\_\_\_\_ Group #: \_\_\_\_\_

Name of Policy Holder: \_\_\_\_\_

Policy Holder's Place of Employment: \_\_\_\_\_

Policy Holder's Relationship to Applicant: \_\_\_\_\_

**In case of emergency, please notify:**

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

Relationship: \_\_\_\_\_

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

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

Phone Numbers:

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

Email: \_\_\_\_\_

**Travel Insurance Information:**

Travel insurance is a requirement for all First Baptist Church Mission Trips. Its purpose and benefits will be discussed with you in a team meeting. It will be purchased by the church on your behalf. Indicate beneficiary:

Travel Insurance Beneficiary:

\_\_\_\_\_

**❖CHURCH INVOLVEMENT❖**

Church Membership:  First Baptist Church of WPB

Other (name of church) \_\_\_\_\_

How long have you been a member? \_\_\_\_\_

Please list the ministries you have participated in at church. Please list dates, and any leadership positions you have held: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list ministries you have been involved outside of your church. Please list dates, name of organization and any leadership positions you have held:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Have you been on a mission trip before?  Yes  No If yes, please explain:

Where: \_\_\_\_\_

When: \_\_\_\_\_

What organization: \_\_\_\_\_

Where: \_\_\_\_\_

When: \_\_\_\_\_

What organization: \_\_\_\_\_

Where: \_\_\_\_\_

When: \_\_\_\_\_

What organization: \_\_\_\_\_

Be sure to turn in your completed 'Application for Short-Term Missions' form, along with the \$150 religious visa and registration fee, on or before the trip deadline.

([Trip Registration Deadline](#) \_\_\_\_\_)

Should you have any questions, please contact Virginia F. Hansen, at 561-712-1234, 561-225-0537, or via email at: [vacasa@bellsouth.net](mailto:vacasa@bellsouth.net)

Please sign and date below.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Month/Day/Year

Virginia F. Hansen • 561-712-1234 • 561-225-0537 • [vacasa@bellsouth.net](mailto:vacasa@bellsouth.net) • [www.cuba4christ.org](http://www.cuba4christ.org)



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Cuba 4 Christ



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