

Lake Highlands Baptist Church
Mission Trip Team Member Application

Thank you for applying to be a member of an upcoming mission trip. Please complete this application and return it as soon as possible to your Trip Team Leader (or to the Missions Committee if your trip is not a LHBC-sponsored trip). Completion and approval of this application is required for participation in any LHBC mission trip and/or to be eligible to receive financial support from LHBC.

Name: _____

Phone: _____ Email: _____

Mission trip you would like to be involved with: _____

Date(s) of trip: _____

If this is not a LHBC-sponsored trip, name the sponsoring organization and give a brief description of the trip's purpose and your expected role on the team:

At LHBC, we believe that it is important for those who represent our church to be fully connected in our discipleship process. Please indicate your active participation in the following areas:

Worship: How many times do you attend per month (average)? _____

Journey Group: How many times do you attend per month (average)? _____

LHBC service/ministry: Where do you serve? _____ How many times per month (average)? _____

Giving: _____ Tithe (10+%) _____ Give occasionally

On the back of this page, please write out your salvation testimony (brief).

Overall, do you feel you are living your life in line with God's word? _____ Do you feel like your life helps or hinders your witness? _____

List previous destinations you have visited on short-term missions. What were your roles on those trips? _____

What are your expectations for this trip? What would deem this trip a success in your mind?

Please list 2 people who would provide an honest recommendation / evaluation for your participation on this trip: (provide contact information)

1. _____

2. _____

LHBC wants to help people connect to the world through missions and will help support you, financially, as available and appropriate. Your team may also schedule an approved fundraising activity. You, however, will also need to raise a portion of your own expenses. (Please contact your team leader or the missions committee if you know this will be difficult.)

Signature: _____ Date: _____

Mission Team Leader recommendation: YES NO

Mission Committee recommendation: YES NO