



If Visa is required, please include two Passport type photos.

## MISSION PROJECT APPLICATION

Project Name/Location: \_\_\_\_\_

Project Leader: \_\_\_\_\_ Project Dates: \_\_\_\_\_ Application Date: \_\_\_\_\_

**Please complete this form in its entirety and send to:**

Clearview Baptist Church, ATTN: Global Missions Office, 537 Franklin Road, Franklin, TN 37069

*Note: It is important that you use your name as it appears on your passport and other legal documents.*

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Date of Birth (MO/DAY/YEAR): \_\_\_\_\_ Sex (M or F): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone Number (Home): \_\_\_\_\_ (Work): \_\_\_\_\_ (Cell): \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Marital Status: Single Married Divorced Widowed Occupation: \_\_\_\_\_

If Married, Name of Spouse: \_\_\_\_\_ Children's Name and Ages: \_\_\_\_\_

Social Security Number: XXX - XX - \_\_\_\_\_

Passport Number: \_\_\_\_\_ Place of Issue of Passport: \_\_\_\_\_

Month/Day/Year that Passport Expires: \_\_\_\_\_

Have you ever been on a mission project: \_\_\_\_\_ If so, tell where and describe your experience? \_\_\_\_\_

Your Home Church: \_\_\_\_\_ Pastor: \_\_\_\_\_

Church Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**I understand that my deposit is non-refundable and that I will be responsible for airline tickets purchased in my name upon cancellation.** The training meetings for this mission project are critical for the spiritual unity and physical preparation of the entire team. I commit to faithfully attend all meetings at the scheduled times.

Signature: \_\_\_\_\_ Date Signed: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent or Guardian Signature (if under 18): \_\_\_\_\_ Date Signed: \_\_\_\_/\_\_\_\_/\_\_\_\_

**HEALTH HISTORY**

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

Name of Your Personal Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Your Blood Type: \_\_\_\_\_

Please List any Medical Problems: \_\_\_\_\_

\_\_\_\_\_

Do you have any Allergies (i.e. food, drugs, insect bites or stings, etc.): \_\_\_\_\_ If so, please list: \_\_\_\_\_

\_\_\_\_\_

Previous Operations or Serious Illnesses (Also List Dates): \_\_\_\_\_

\_\_\_\_\_

Current Medications (List): \_\_\_\_\_

\_\_\_\_\_

Special Diet (Describe): \_\_\_\_\_

Name of Your Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Have you Had?

Please Circle

- |  |           |
|--|-----------|
| 1) Yellow Fever Vaccine (Every 10 years)               | Yes or No |
| 2) MMR (Measles, Mumps, Rubella)                       | Yes or No |
| 3) Polio Vaccine                                       | Yes or No |
| 4) Hepatitis A and B                                   | Yes or No |
| 5) Typhoid (Vaccine Every 3 years, Oral every 5 years) | Yes or No |
| 6) Meningococcal                                       | Yes or No |
| 7) DTP (Diphtheria, Tetanus, Pertussis)                | Yes or No |

**HEALTH INSURANCE**

Name of Insurance Company: \_\_\_\_\_

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

Phone Number of Insurance Company: \_\_\_\_\_

This Policy is Issued in the Name of: \_\_\_\_\_

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

If Group Policy, Please List Employer: \_\_\_\_\_

Employer Phone Number: \_\_\_\_\_

*Be sure to attach a legible copy of your health insurance card (front and back)*

**MY PERSONAL TESTIMONY**

NAME: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

If you have completed a ClearView Mission Application previously you are not required to complete this section, and can simply indicate that by checking this box.

Write a paragraph using answers to the questions below. Please write in story form and not just as answers to the questions.

- What was my life like before I met Jesus Christ? (What were my needs? What got me interested in God?)
- How did I come to know Jesus Christ as my Savior? (Who was I with? When did this happen? What did I say to God?)
- What is my life like with Christ now? (What needs does Jesus meet? How is my life different? How is my faith growing?)

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**REFERENCES:**

List of References **MUST** include the following:

- **Adult ClearView Member (Minister, Sunday school Teacher, etc.)**
- **Friend (Not a Family Member)**

Name: \_\_\_\_\_ Relationship to You: \_\_\_\_\_

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

Day Phone: \_\_\_\_\_ Night Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to You: \_\_\_\_\_

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

Day Phone: \_\_\_\_\_ Night Phone: \_\_\_\_\_

**EMERGENCY CONTACTS**

Name: \_\_\_\_\_ Relationship to You: \_\_\_\_\_

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

Day Phone: \_\_\_\_\_ Night Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to You: \_\_\_\_\_

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

Day Phone: \_\_\_\_\_ Night Phone: \_\_\_\_\_

**PERSONAL PLEDGE**

I will refrain from using alcohol or tobacco while on the mission trip.

Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**PRAYER PARTNER INFORMATION**

Where are you going? \_\_\_\_\_

What will you be doing on this project? \_\_\_\_\_

\_\_\_\_\_

How can we pray for you while you prepare to go? \_\_\_\_\_

\_\_\_\_\_

How can we pray for your while you are on this project? \_\_\_\_\_

\_\_\_\_\_

Other Prayer Requests: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list the name of five prayer partners. If you are going to a secure location, email updates will usually come from a team prayer coordinator.

Name: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Name: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Name: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Name: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Name: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**MISSION PROJECT SCHOLARSHIP**

Would you like to be considered for a Mission Project Scholarship? \_\_\_\_\_

If so, why? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*If Scholarship is approved, participant will be held accountable for the balance of the trip cost which can be from personal or raised funds.*

**APPLICATION CHECKLIST**

Please attach the following to your application:

- Photo (2 "Passport Type" photos, if Visa is required)
- Copy of your Medical Insurance Card (front and back)
- Copy of your Passport (for international projects only)
- Copy of your Driver's License (for national projects only)