



PERSONAL INFORMATION FORM

SHORT TERM MISSIONS

MISSION _____ DATE _____

TITLE	NAME				NICKNAME	
GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		DATE OF BIRTH	MARITAL STATUS	SPOUSE'S NAME		
PASSPORT NUMBER*	YOUR NAME AS IT APPEARS ON PASSPORT		EXPIRATION DATE	PLACE OF ISSUE	DATE OF ISSUE	
CURRENT MAILING ADDRESS						
CITY			STATE	ZIP	EMAIL ADDRESS	
HOME PHONE			WORK PHONE		CELL PHONE	
PRESENT CHURCH MEMBERSHIP/HOW LONG?						

* PLEASE ATTACH WITH THIS PIF A COPY OF YOUR PASSPORT.

YOUR INVOLVEMENT AT BROADMOOR

AS A MEMBER OF OUR CHURCH, YOUR FAITHFULNESS IS IMPORTANT. AS A POTENTIAL MISSIONS VOLUNTEER, YOUR ONGOING INVOLVEMENT IS EVEN MORE CRUCIAL. PLEASE LET US KNOW MORE ABOUT YOUR PERSONAL MINISTRY:

ARE YOU A BORN-AGAIN CHRISTIAN? YES NO

ARE YOU A STEWARD OF YOUR INCOME? YES NO

ARE YOU INVOLVED IN A LIFE GROUP? YES NO

LIST ANY MINISTRIES IN WHICH YOU ARE CURRENTLY SERVING AT BROADMOOR BAPTIST CHURCH:

1. _____ LEADERSHIP POSITION?

2. _____ LEADERSHIP POSITION?

LIST ANY MINISTRY IN WHICH YOU HAVE SERVED IN THE PAST, BUT ARE NOT CURRENTLY INVOLVED IN AT OUR CHURCH:

1. _____ LEADERSHIP POSITION?

2. _____ LEADERSHIP POSITION?

VOLUNTEER AND MISSIONS SERVICE INFORMATION

PLEASE GIVE US DETAILS OF TALENTS, SKILLS, GIFTS AND ABILITIES THAT MAY BE USEFUL ON A MISSION PROJECT.

LIST ANY FOREIGN LANGUAGE TRAINING AND YOUR LEVEL OF PROFICIENCY:

LANGUAGE _____

LANGUAGE _____

LIST SPECIAL SKILLS, TALENTS, OR CHRISTIAN SERVICE EXPERIENCE YOU FEEL WILL BE HELPFUL IN THE FIELD:

1. _____

2. _____

3. _____

HEALTH INFORMATION

PHYSICIAN _____ PHONE _____

PHYSICAL CONDITIONS (ASTHMA, DIABETES, ETC.) _____

ALLERGIES _____

CURRENT MEDICATIONS _____

OPERATIONS/SERIOUS INJURIES IN THE PAST 5 YEARS _____

EMERGENCY CONTACT _____

RELATIONSHIP _____ PHONE _____

I hereby give permission to medical personnel to perform x-rays, tests, or other medical treatment deemed necessary for my care. I give permission for injections and/or anesthesia and/or surgery if deemed necessary by medical personnel for my care. I also authorize the release of the above information to assist with their decisions for my care. In addition, I have, and do hereby, release Broadmoor Baptist Church and its staff from liability with participation in this mission trip.

I give permission for me to be photographed or videoed during this mission trip.

Circle one: **YES** **NO**

PARTICIPANT'S SIGNATURE _____ DATE _____
