

Beyond Borders International

MISSIONS TRAINING FORM

This form is 5 pages. Please answer all questions. Do a "Save As" to download the form to your computer. Fill out the form and email it as an attachment along with a **recent photo** of yourself to **mail@beyondbordersinternational.com**. Select the Print Form button above to print the form if you wish to mail this form along with a **recent photo** of yourself to Beyond Borders International, P.O. Box 185, Downers Grove, IL 60517. If you have any questions, contact us at 1-630-460-4402.

GENERAL INFORMATION

First Name	<input type="text"/>	Last Name	<input type="text"/>
Street Address	<input type="text"/>	City	<input type="text"/>
State	<input type="text"/>	Zip/Postal Code	<input type="text"/>
Phone Number (###-###-####)	<input type="text"/>	Email Address	<input type="text"/>
Gender	<input type="text"/>	Birth Date (mm/dd/yyyy)	<input type="text"/>
Marital Status (Single or Married)	<input type="text"/>	Occupation	<input type="text"/>

CHURCH & REFERENCES INFORMATION

PLEASE NOTE: We will need **2 references**: 1 from your Pastor and 1 from your Colleague, Professor or Friend. We will contact your references directly. Please have both your pastor and your Colleague, Professor, or Friend complete and return directly to us the Pastor Reference Form and Colleague/Professor/Friend Reference Form.

Do you belong to a church? (Yes or No)	<input type="text"/>	Are you an active member of your church? (Yes or No)	<input type="text"/>
If yes, how long have you been a member? (mo/yrs). If no, type N/A.	<input type="text"/>	If yes, list position(s) you hold? If none, type none or N/A.	<input type="text"/>
What is the name of your church?	<input type="text"/>	Church Denomination	<input type="text"/>
Does your pastor know you wish to serve in missions? (Yes or No)	<input type="text"/>	Pastor's full name	<input type="text"/>
Pastor's Phone Number (###-###-####)	<input type="text"/>	Pastor's email address	<input type="text"/>
Colleague/Professor/ Friend's Phone number (###-###-####)	<input type="text"/>	Colleague/Professor/ Friend's full name	<input type="text"/>
		Colleague/Professor/ Friend's email address	<input type="text"/>

MISSION EXPERIENCE, CALLING, TALENTS, SKILLS & EDUCATION

Is this your first mission trip? (Yes or No).
If not, how many trips have you taken?
When were your trips and where did you go.

If yes, what did you learn? What groups/ organizations have you worked with? (If this is your first mission trip, type in N/A for Not Applicable.)

Why do you want to go on a mission trip? How do you know God has called you to serve in the mission field?

What are your expectations?

What are your personal goals and ministry goals in attending missionary training class?

What talents and skills do you possess that will be utilized on mission trips?

List your weaknesses and areas you need to improve.

Do you have experience working in a cross-cultural environment? (Yes or No). If yes, where did you work?

What languages do you speak fluently? (If none, type None.)

List schools you attended and degrees earned.

PAST HISTORY & PERSONAL INFORMATION

All information is kept completely confidential. Please answer the following questions thoroughly and honestly as we need to be aware of potential growth and discipleship areas.

Have you every had or do you currently have problems in any of the following areas? Select them and give a detailed description in the Description box at the end of this section.

- Lawsuits of any nature
- Civil or Military violations
- Experiences with the occult
- Use of illegal drugs and/or use or addiction to nicotine or alcohol
- Fornication or sexual sin
- Psychological issues (depression, eating disorder, suicidal thoughts, etc.)
- Financial debt
- Stealing or lying

Pornography/Lust

None

Description Box
(Past History)

How do you think others view you?
Describe your reputation.

How do you respond when your plans
don't work out?

How do you respond to correction from
others regarding your areas of weakness
or when you make a mistake?

How do you work in stressful situations?

How do you respond to and handle
conflict or disagreement with others?

PERSONALITY

From a scale of 1-10, please describe yourself, with 1 being the extreme for the description on the left and with 10 being the extreme for the description on the right.

Compulsion to work (1) Slow to put out effort (10)

Challenge authorities (1) Very submissive (10)

Focus on needs of others (1) Focus on own needs (10)

Extroverted (1) Introverted (10)

Firm and consistent (1) Flexible (10)

Private (1) Open (10)

Very emotional (1) Very controlled (10)

MEDICAL HISTORY

This information is important in the event you have a medical emergency while serving with us. We will need to have your insurance information in case we ever need to take you to a local doctor or hospital.

Do you have health insurance? (Yes or No)

Do you have any medical conditions that would hinder you from working in the mission field? (Yes or No)

Are you currently taking any type of long-term medication? (Yes or No)

Disclosure: In screening applicants, Beyond Borders International will obtain one or more consumer reports or investigative consumer background and credit reports (or both) about you.

By signing below I affirm that the above information is true and accurate. I authorize the verification of the information I have provided by contacting the references I have provided and by conducting background checks or by other means, including contacting people I have not listed. I authorize my references to give you information regarding my character and fitness to serve as a missionary. I affirm that I am the applicant named above and am at least 18 years old, or that I am the natural parent or legal guardian of the participant named above and that I give permission for the participant to attend and participate in Beyond Borders International's Missions Training class.

Signature (type name) Date (mm/dd/yyyy)

Please go to the top of first page of this form and select the Print Form button to print the form.