

Mission Team Application - Family

Camp Victory 2017

List all members of your family going to Camp Victory

Name	
Spouse	
Child, Age	
Child, Age	
Child, Age	
Best Contact Number	
E-Mail Address	

Church Information

How long have you considered FBC your home church?
Have you regularly attended worship services at FBC during the last six months?
Are you willing to follow FBC policies and leadership direction while on this mission trip?

Spiritual Life Questions

Have you come to a point in your life that you know if you were to die you would go to heaven? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> I think so	
Some depend on their good works to get into heaven (loving your neighbor, going to church, keeping the commandments, etc.). Some are depending on Christ plus their good works, and some are depending on Christ alone. Which of the following choices reflects your understanding of salvation? (circle one)	
I don't know	I'm depending on Christ plus my good works
I'm depending on my good works	I'm depending on Christ alone

Skills and Abilities

Please let us know if you have skill in any of the following areas. Check all that apply.

Comments

<input type="checkbox"/> Plumbing	
<input type="checkbox"/> Electrical	
<input type="checkbox"/> Carpentry	
<input type="checkbox"/> Painting	
<input type="checkbox"/> General Construction	
<input type="checkbox"/> Photography / Video	
<input type="checkbox"/> Medical	
<input type="checkbox"/> Other	
Is there a type of job that you would like to request? (We will do our best to accommodate you)	

Medical Information

Do you have **any physical or medical conditions** which will either **limit you or the safety or the efficiency of the team** (i.e. chest, back or joint pain, limited mobility, limited stamina, serious allergies, poor eyesight, etc.)?

If yes, please specify:

Do you have any dietary restrictions or convictions regarding certain kinds of food?

Emergency Contact Information:

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

Email: _____