



Beautiful Feet International Mission Trip Application

Full Name: _____

SSN: _____ Address: _____

City: _____ St: _____ Zip: _____ Home

Ph: _____ Cell Ph: _____ Date of Birth:

____/____/____ E-Mail Address: _____

T-Shirt size _____ Copy of passport ? Y or N Parent Name: _____

Address: _____ City: _____

St: _____ Zip: _____ Home Ph: _____

Cell Ph: _____ E-Mail

Address: _____

Church Name: _____

Church Address: _____

Pastor's Name: _____ Pastor's Ph: _____

Have you been on a mission trip with BFI before? __ Yes __ No Date of last trip _____

Why do you want to go on this mission trip? _____

Give a brief testimony of your relationship with Jesus

Christ _____

What do you hope to do on this trip? _____

Check any/all of the evangelism training classes you have taken: You Can Tell It 3 Word Testimony

Gospel Face Painting Overcoming the 10 Most Common Objections in Evangelism

List all languages other than English you speak and circle their level of fluency on a scale of 1-10

1) _____ 1 2 3 4 5 6 7 8 9 10 2) _____ 1 2 3 4 5 6 7 8 9 10

3) _____ 1 2 3 4 5 6 7 8 9 10 4) _____ 1 2 3 4 5 6 7 8 9 10

Please list 2 references who are not family members:

1) Name: _____ Ph: _____
_____ Address: _____
Years known: _____ Relationship: _____

2) Name: _____ Ph: _____
_____ Address: _____
Years known: _____ Relationship: _____

Passport Number: _____ Expiration Date: _____
_____ Parent Signature (if needed): _____
_____ Date: _____

I have read and understand the waiver, release form and the code of conduct. BFI includes trip accident insurance for volunteers. Name of beneficiary_____. Donations made to Beautiful Feet are non-refundable. If a volunteer is unable to participate in the trip for any reason, donations will be used to support the overall expense of the mission trip and not refunded. In the event that a trip is cancelled and not rescheduled, BFI will offer the benefactor a refund or a re-direction of the contribution. I understand and agree to these terms.

Signature _____ Date _____