

**JAMES RIVER ASSEMBLY**  
**MISSIONS TRIP APPLICATION**

***Personal Information***

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ E-mail: \_\_\_\_\_

***Emergency Contacts***

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

List any serious health conditions and/or medications you currently take (physician's release may be required).

\_\_\_\_\_

Are you a member or regular attendee of James River Assembly? \_\_\_\_\_

## *Skills*

Please check the category that best describes your qualifications and list any specific skills you have.

<input type="checkbox"/> <b>Carpentry</b>	<input type="checkbox"/> <b>Concrete</b>	<input type="checkbox"/> <b>Plumbing</b>	<input type="checkbox"/> <b>Electrical</b>
<input type="checkbox"/> <b>Adult Ministry</b>	<input type="checkbox"/> <b>Youth Ministry</b>	<input type="checkbox"/> <b>Kids Ministry</b>	<input type="checkbox"/> <b>Music / Drama</b>
<input type="checkbox"/> <b>Teaching</b>	<input type="checkbox"/> <b>Administrative</b>	<input type="checkbox"/> <b>Clerical</b>	<input type="checkbox"/> <b>Audio / Visual</b>
<input type="checkbox"/> <b>Medical / health</b>	<input type="checkbox"/> <b>Food Preparation</b>	<input type="checkbox"/> <b>Graphic Arts</b>	<input type="checkbox"/> <b>Sports</b>

Comments concerning your specific skills/experience: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

In addition to English, what language(s) do you speak? \_\_\_\_\_

How well do you converse in the language(s)? \_\_\_\_\_

## *Ministry & Leadership Background*

List any previous missions trip experience: \_\_\_\_\_

\_\_\_\_\_

List any ministry or leadership experience: \_\_\_\_\_

\_\_\_\_\_

Evaluate your present spiritual relationship with the Lord, describing the pattern of your personal devotional time. \_\_\_\_\_

\_\_\_\_\_