

LifeLaunch Team Application



Pacific Life Bible College

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TRIP DETAILS

City, Country: _____ Dates: _____

Group Name: _____ Group Leader Name: _____

Cost: _____ Funds Due By: _____

Cost includes air travel, food, lodging, and transportation for the entire trip. It does not include immunization, passport, visa fees, or personal spending.

PERSONAL DATA

Full Name (as it appears on your passport): _____

_____ Last First Middle

Address: _____ Phone: _____
_____ Number Street

_____ City Prov./State Postal/Zip Code Cell: _____

Date of Birth: ____ / ____ / ____ Gender: Male Female Email: _____
mm dd yy

Ethnicity: _____ Citizenship: _____

Status if not a Canadian citizen: Landed Immigrant Student Visa Visitor

Marital status: Single Engaged Married Widowed Separated Divorced Remarried

Passport Number: _____ Issue Date: _____ Expiration Date: _____

Please attach a copy of your current passport to this application!

Emergency Contact Information (if applicant is under 18 years old, contact must be a legal parent/guardian):

Full Name: _____ Relationship: _____

Address: _____ Phone: _____
_____ Number Street

_____ City Prov./State Postal/Zip Code Cell: _____

General Volunteer Information:

Has the applicant ever been convicted of a crime (circle one)? YES / NO If yes, please attach a letter of explanation.

General Volunteer Information (Cont'd):

Please list check your ministry experience and/or skills:

- | | |
|---|---|
| <input type="checkbox"/> Music (list instrument(s) _____) | <input type="checkbox"/> Youth |
| <input type="checkbox"/> Drama | <input type="checkbox"/> Translator (languages _____) |
| <input type="checkbox"/> Children's Ministry | <input type="checkbox"/> Construction (skills _____) |
| <input type="checkbox"/> Other (_____) | |

Have you been on a mission trip before? Describe your experience(s): _____

Finance:

How do you plan to raise funds necessary for the trip? _____

Will you have your PLBC account paid in full by the end of the semester? _____

HEALTH & INSURANCE INFORMATION

Your current health is: Excellent Good Fair Poor

If fair or poor, please explain:

Physician's Name: _____ Physician's Phone: _____

Do you have any medical insurance that covers you outside Canada? If so, please provide the following information:

Company: _____ Policy Number: _____

Phone Number: _____

Please list health and/or diet considerations that mission team organizations should be aware of (i.e. disabilities, dietary restrictions, medical conditions, etc.):

PERSONAL COMMITMENT

Why do you want to go on this trip? _____

Are you willing to give up personal habits or attitudes which might irritate or offend fellow missionaries or national Christians and which might lessen your influence as a missionary in certain situations? _____

I, _____ (print name), along with all members of my family in consideration of the benefits derived, hereby voluntarily waive any clam against the local and international organizations, local officer(s), sponsoring institution(s), and all leaders of PLBC for any and all cases in connection with the activities of the above organization. I have read and agree to all the information outlined in this application and its accompanying documents, including disclaimers.

Signature: _____ Date: _____