



Rock Point Church Missions Trip Application

Application Date: _____

Name: _____

D.O.B. _____ Age: _____

Email: _____

Phone: _____

Do you have a passport? Yes No

Passport Information

ID Number _____

Expiration date: _____

Are you a member of Rock Point Church? Yes No

Membership date: _____

How would you explain the gospel to an unbeliever?

What areas of ministry have you been involved with at Rock Point Church?

What gifts, talents, abilities, and professional skills do you have that might contribute to ministry on this short-term mission trip?