

# Georgia Campers on Mission Application

**PERSONAL INFORMATION:** Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Birth date (self): \_\_\_\_\_ Spouse's Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Birth date (Spouse): \_\_\_\_\_ Anniversary Date: \_\_\_\_\_

\*(PLEASE LIST ON BACK OF FORM THE NAMES AND BIRTHDATES OF CHILDREN OR GRANDCHILDREN THAT WILL BE TRAVELING WITH YOU)

STREET ADDRESS OR P.O. BOX: \_\_\_\_\_ House or Lot #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: His \_\_\_\_\_ Hers \_\_\_\_\_

His E-mail Address: \_\_\_\_\_

Her E-mail Address: \_\_\_\_\_

**CHURCH MEMBERSHIP:** Church Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Church Phone #: \_\_\_\_\_ Church E-mail \_\_\_\_\_

Name of Pastor: \_\_\_\_\_ Phone #: \_\_\_\_\_ Church

Denominational Affiliation: \_\_\_\_\_ If SBC, Name of Association: \_\_\_\_\_

## PERSONAL REFERENCES:

(1) Name: \_\_\_\_\_ Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone #: \_\_\_\_\_

(2) Name: \_\_\_\_\_ Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone #: \_\_\_\_\_

## INTEREST/TALENTS/GIFTS (Please check all that apply)

Campground Ministries: \_\_\_ Self \_\_\_ Spouse

Construction/Maintenance: \_\_\_ Self \_\_\_ Spouse

Fairs/Festivals/Special Events: \_\_\_ Self \_\_\_ Spouse

Preparation of Craft Items for Events: \_\_\_ Self \_\_\_ Spouse

Disaster Relief & Recovery: \_\_\_ Self \_\_\_ Spouse

Clowning/Balloon Sculpturing/Face Painting: \_\_\_ Self \_\_\_ Spouse

Revivals/Bible Studies/VB : \_\_\_ Self \_\_\_ Spouse

Tract Distribution/Sharing Personal Testimony: \_\_\_ Self \_\_\_ Spouse

Community Surveys/Church Planting: \_\_\_ Self \_\_\_ Spouse

Raceway Ministry: \_\_\_ Self \_\_\_ Spouse

Seafarer's Ministry: \_\_\_ Self \_\_\_ Spouse

Medical/Dental Ministry: \_\_\_ Self \_\_\_ Spouse

State Convention: \_\_\_ Self \_\_\_ Spouse

Other: \_\_\_\_\_ Self \_\_\_\_\_ Spouse \_\_\_\_\_

List Areas of Special Training and/or License: \_\_\_\_\_

**Emergency Contact:** Name: \_\_\_\_\_ Street Address: \_\_\_\_\_

\_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

\_\_\_\_\_ Phone #: \_\_\_\_\_ E-mail: \_\_\_\_\_

**SEND COMPLETED FORM TO Donna Biggers 546 Ocilla Hwy Fitzgerald GA**

**31750 or email: dbiggers1970@gmail.com**