

# Application for Mission Transnistria 2020

loving God  
loving people  
changing the world

**Bethel Baptist Church**  
**PO Box 1617 or 23307 Roberts Road, New Caney, TX 77357**  
**281-689-3958 \* [bethelnewcaney@yahoo.com](mailto:bethelnewcaney@yahoo.com) \* [www.bethelnewcaney.com](http://www.bethelnewcaney.com)**



Please print clearly unless otherwise instructed.

Full Name **AS IT APPEARS ON YOUR PASSPORT:**

First \_\_\_\_\_ Last \_\_\_\_\_ Middle \_\_\_\_\_

Maiden \_\_\_\_\_ Other names you have gone by \_\_\_\_\_

Home (Street) Address \_\_\_\_\_

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

Cell Phone \_\_\_\_\_ Phone (home or work) \_\_\_\_\_

Place of Employment \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ (must include year)

Email Address \_\_\_\_\_ Passport # \_\_\_\_\_

*Please give an email address that you check daily. Our primary form of team communication will be via email &/or text message.*

Passport Country of Issue \_\_\_\_\_ Passport Date of Expiration \_\_\_\_\_

What language(s) do you speak? \_\_\_\_\_

Give the first & last name of who you want listed as your insurance beneficiary: \_\_\_\_\_

Please purchase an airplane ticket which provides extra leg room. I agree pay the extra amount. Yes No  
*This extra fee can potentially add significant cost to your total airfare.*

Have you made a personal commitment to Jesus Christ? Yes No If yes, please share a little about your relationship with Jesus.

Why do you want to serve in Transnistria?

I understand that my deposit is non-refundable & non-transferrable. I understand that airplane tickets are purchased without trip insurance. If I do not use my airplane ticket for any reason, I forfeit the full price of the ticket. I understand that airfare includes the cost of one checked bag, & that I will pay for all subsequent luggage I choose to check. I hereby release Bethel Baptist Church & her officers of all liability. I give permission to Bethel Baptist Church & her officers to use images &/or videos of me at their discretion. I agree to work under the authority of the officers of Bethel Baptist Church, the designated mission trip leadership & the in-country leadership.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

*Please return this form to the church office when completed. Please use the PO Box 1617 address when mailing payments or this application. Thank you for your willingness to be used by God to change the world. If Applicant is a minor, this application also requires the signature of at least one of the applicant's legal guardians below.*

Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Name of Applicant \_\_\_\_\_

BELOW FOR OFFICE USE ONLY

Date Application Received in Office \_\_\_\_\_

Payment Date: \_\_\_\_\_ Payment Type: Cash Check# \_\_\_\_\_ Other Payment Amount: \_\_\_\_\_

Payment Date: \_\_\_\_\_ Payment Type: Cash Check# \_\_\_\_\_ Other Payment Amount: \_\_\_\_\_

Payment Date: \_\_\_\_\_ Payment Type: Cash Check# \_\_\_\_\_ Other Payment Amount: \_\_\_\_\_

Payment Date: \_\_\_\_\_ Payment Type: Cash Check# \_\_\_\_\_ Other Payment Amount: \_\_\_\_\_