

PBCC SHORT-TERM QUESTIONNAIRE

This form is CONFIDENTIAL and will be used only for trip evaluation and feedback.

Your name: _____ Date of Birth: _____

Address: _____

Email address: _____

Daytime tel: (____) _____ Evening tel: (____) _____

Your occupation: _____ Position: _____

Destination: _____ Dates: _____

Mission agency: _____ Contact person: _____

Mission address: _____ Contact Tel. #: _____

Previous destinations you have visited on short-term missions: _____

Marital status: _____ Citizenship: _____

Passport No: _____

Languages spoken/degree of fluency: _____

Are you able to pay for this trip independently? _____

Anticipated support/scholarship assistance needed: \$ _____

Describe the short-term trip/project and your role:

Why do you want to participate in this mission? What is your motivation?

What do you hope to accomplish while on the trip?

When did you trust Christ as Savior? Describe your walk with the Lord.

In what work area do you feel you can make the greatest contribution?

Why this particular project/organization and not others?

What preparation and training have you done for this trip? What preparation has the organization provided or required?

What care/supervision will be provided for you on this project, in travel and during the project?

What assistance will be provided during the project? Who will provide this?

What does the organization do for post-trip followup?

What are some of your concerns over joining this team?
