

## PBCC SHORT-TERM QUESTIONNAIRE

“A successful short-term mission experience is one that brings about a long-term commitment to God's purpose in the participants' lives.”

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:

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

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What do you hope to accomplish while on the trip?

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

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

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Why this particular project/organization and not others?

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

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

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

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What does the organization do for post-trip followup?

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What are some of your concerns over joining this team?

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