

**First Baptist Church
Mission Trip Application**

Return to Missions Office: Donna Milewski –main office area

Mission Trip: _____

Personal Information

Name: _____ Date of Birth: ____/____/____

Address: _____ Sex: Male ___ Female ___

City: _____ State: _____ Zip Code: _____

Home #: _____ Work #: _____ Cell #: _____

Email Address: _____

Name as it appears on Passport: _____

Passport #: _____ Exp. Date: _____

Marital Status: Married ___ Single ___ Spouse's Name: _____

Parent's Name(s) *[If under 18]*: _____

Work #: _____ Cell #: _____

Emergency Contact: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home #: _____ Work #: _____ Cell #: _____

Church Involvement

Member of FBCH: Yes ___ No ___ If no, where: _____

How long have you been a member of FBCH: _____?

Do you attend worship at least 50% of the time: Yes ___ No ___

Member of Sunday school Class: Yes ___ No ___ if yes, which class: _____

Do you attend Sunday School Class at least 50% of the time: Yes ___ No ___

Do you regularly tithe to First Baptist: Yes ___ No ___

Please list any ministries you have been involved in at FBCH (please include time of involvement and any leadership positions): _____

Background Information

Have you had training in personal evangelism: Yes ___ No ___ If yes, please explain:

Please list any skills, talents, languages, gifts, or previous Christian service you feel might be helpful in missions' service: _____

Please list any previous missions' involvement with date of experience: _____

Have you ever traveled outside of the United States: Yes ___ No ___

Do you plan on participating in another FBCH mission trip this year: Yes ___ No ___ if yes, please state which trip(s): _____

Testimony

In the space provided below, please share your brief salvation testimony including how long you have been a believer: _____

Please explain briefly your reason for wanting to participate in this mission project: _____

Please explain briefly what you hope to see the Lord do in and through you on this mission trip:

References *(at least one reference should be person of leadership at FBCH: minister, Sunday School teacher, deacon, etc.)*

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home #: _____ Work #: _____

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home #: _____ Work #: _____

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home #: _____ Work #: _____

Health Information

Please describe your current health: Excellent ___ Good ___ Average ___ Poor ___

Please list any major illnesses or surgical procedures you have had in the last five years:

Are you presently under the care of a physician? Yes ___ No ___ if yes, please explain:

Please list any prescription medication you are taking, frequency, and reason for medication:

Please list any allergies or medications you are allergic to: _____

Are you covered by insurance? Yes ___ No ___ if yes, list policy holder's name, insurance company, policy #, and group #: _____

Guidelines and Commitment

- 1) The church is not responsible for accidents, diseases, or other maladies incurred during the mission project.
- 2) Participants are responsible for providing their own financial support. Any method of providing financial support, other than personally doing so, must follow the policies set forth by the Global Impact Committee or otherwise be approved by the committee.
- 3) A partial scholarship may be available through Global Impact as allocated by the committee. Scholarships are not guaranteed nor should they be expected.
- 4) The team leader for each mission project will have final authority in all decisions made during the trip.
- 5) Loss of money due to cancellations must be incurred by participants, not the church. Any funds over the total trip cost for a participant will be used at the discretion of the Global Impact Committee. Trip participants cannot ask for a refund of this overage.
- 6) Agree to attend all required training sessions and complete any requirements according to the timetable set by the team leader.
- 7) Conduct myself in a manner worthy of the Lord while serving on this project.
- 8) Refrain from any behavior which may compromise my witness (i.e. abusive language, drug, alcohol, and/or tobacco use, etc.)

I have read, understood, and agree to comply with the mission trip policies and procedures of First Baptist Church Hendersonville. Additionally, if at any time while on the project my behavior constitutes a problem, the team leader has the authority to ask me to return home. Any additional cost incurred as a result of this action will be at my expense.

Signature: _____ Date: _____
Name (print): _____
Witness Signature: _____ Date: _____
Name (print): _____

Responsibility Release

The undersigned based upon application for and in contemplation for the volunteer services by the International Mission Board of the Southern Baptist Convention, North American Mission Board of the Southern Baptist Convention, or other affiliate mission organization:

If I accept an assignment for volunteer services, then I wish to make clear my understanding and agreement that the International Mission Board of the Southern Baptist Convention, the North American Mission Board of the Southern Baptist Convention, affiliate mission organizations,

and/or any state convention/association, including, without limitation, the Tennessee Baptist Convention and First Baptist Church of Hendersonville, TN, (Collectively referred to herein as "Releasees"), do not assume any responsibility for any lose of property, damage to the same, personal harm, illness, lose or injury that I may suffer or endure; and I, for myself, my heirs, executors, administrators, distributes and assigns, in consideration of my admission to volunteer service and other good and valuable considerations, do hereby absolve and release said Releasees, their officers, employees, directors, agents and/or representatives, and hold them harmless from any claim or demand which I might conceivably assert upon the basis of foregoing.

Signature: _____ Date: _____

Name (print): _____

Witness Signature: _____ Date: _____

Name (print): _____

-----*The below portion is required if under 18*-----

Parent(s) Signature: _____ Date: _____

Name (print): _____

Notary Signature: _____ Date: _____

Commission expires: _____