# **FBC Short-Term Mission Trip Application**

Please print all information in blue or black ink. All fields of information are required unless otherwise specified.

## **APPLICATION FOR**

Location:		Dates of Trip:		
	City and/or Country		dd/mm/yyyy – dd/mm/yyyy	
GENERAL IN	FORMATION			

Legal Name (as it a	appears on passpo	ort) :				
Passport Number:	rite "Pending" if you hav	e applied for but not	Passport Exy yet received your pas	piration Date	(dd/mm/yy	yy)
Birth Date	/mm/yyyy)	Birthplace:	(Country)	Citizen of:	(Country)	
Gender (circle one):	M F Prese	ent Occupation:				
Mailing Address: _	Street, PSC/Box #		City		Zip	Country
Email Address:						
Phone Number(s):	(home)	(wo	rk)	(mobile	e)	
Do you have a vali	d International Dr	iver's License?	Yes	No		
Adult T-shirt Size:	XS	SN	ИL_	XL	XXL _	XXXL

# **EMERGENCY CONTACT**

<b>Emergency Con</b>	tact Information	of person not participat	ting on the mission trip	:
Full Name:				
Phone Number(s)	): (home)	(work)	(mobile)	
Email Address:				
Home Address: _	House/Apt #	Street Name	City	Zip

Faith Baptist Church Lichtenbrucherstrasse 17 67661, Kaiserslautern, DE 0631-318750

# MINISTRY INFORMATION

Are you a member of Faith Baptist Church, Kaisersla	utern, Germany?YesNo
If 'Yes', circle the type of membership you have:	Full Member Associate Member
Date joined Faith Baptist Church:	
If 'No', do you consider yourself a regular attender at	Faith Baptist Church?YesNo
How often do you attend Sunday worship service per	month?4-5x2-3x< $2x$
In which ministry(ies) do you currently serve at FBC?	?
Administrative/Office Staff	Missions Committee
AWANA	Pastoral Team
Buildings & Grounds	Prayer Ministry
Children's Ministry /VBS	Preschool / FBC School
Deacon Committee	Sunday School/Weekly Education
Financial Committee	Women's Ministry
Hospitality Committee	Worship Team / AV / Media
Men's Ministry	Student OutReach
Other (please state)	
FAITH & DISCIPLESHIP	
Do you recall a time when you placed your faith in Jesus C	Christ as Savior and Lord?YesNo
Briefly explain your journey to faith in Christ. How has it	affected your life? (you may write more on the back side):
Were you baptized by immersion after placing your faith in	n Jesus Christ?YesNo; If 'Yes', when?
What disciplines do you practice regularly that encourage	growth in your relationship with Christ?

# SPIRITUAL GIFTS & MOTIVATIONS

	in this mission trip?
Have you participated on a short-term mission trip before	e?YesNo;
If 'Yes', then briefly describe the mission trip (e.g., when	n, where, its intent and outcome). Also include what
God taught you through the experience and how you hav	
Have you ever taken a Spiritual Gifts Inventory?Yea	sNo
What spiritual gifts, talents, or skills do you have that the	e Lord can use on this trip? (check all that apply)
AdministrationDiscernmentEncourageme	entEvangelismFaithGiving
HelpsHospitalityIntercessionKnowle	edgeLeadershipMercyProphecy
ShepherdingTeachingWisdomWorsh	hip LeaderDramaVocalist
Play musical instrumentConstructionMed	
Love working with childrenlove working with	
Other (please specify):	
List any foreign languages you speak and your level of p	proficiency in those languages:
Have you ever participated in evangelism, discipleship, o	or witnessing training?YesNo
<b>Dealing with uncertainty and change</b> (circle a nur	mber for each question):
<b>Dealing with uncertainty and change</b> ( <i>circle a nur</i> How well would you rate your ability to be flexible and adapta How well do you receive and follow instruction?	mber for each question): able?1 2 3 4 5 6 7 8 9 10 Not well Moderately Well Very Well 
<b>Dealing with uncertainty and change</b> ( <i>circle a nur</i> How well would you rate your ability to be flexible and adapta How well do you receive and follow instruction? How willing are you to forego personal preferences in or	mber for each question):     able?1   2   3   4   5   6   7   8   9   10     Not well   Moderately Well   Very Well   Very Well
<b>Dealing with uncertainty and change</b> ( <i>circle a nur</i> How well would you rate your ability to be flexible and adapta How well do you receive and follow instruction? How willing are you to forego personal preferences in or to honor the culture into which you are going?	mber for each question):     able?1   2   3   4   5   6   7   8   9   10     Not well   Moderately Well   Very Well
<b>Dealing with uncertainty and change</b> ( <i>circle a nur</i> How well would you rate your ability to be flexible and adapta How well do you receive and follow instruction? How willing are you to forego personal preferences in or to honor the culture into which you are going?	mber for each question):     able?1   2   3   4   5   6   7   8   9   10     Not well   Moderately Well   Very Well
Have you ever participated in evangelism, discipleship, or <b>Dealing with uncertainty and change</b> (circle a nur How well would you rate your ability to be flexible and adapta How well do you receive and follow instruction? How willing are you to forego personal preferences in or to honor the culture into which you are going? How well do you handle conflict or stressful situations? How difficult would it be for you to work with Christians may have doctrinal viewpoints different from your own?	mber for each question):     able?1   2   3   4   5   6   7   8   9   10     Not well   Moderately Well   Very Well   Very Well

### **MEDICAL INFORMATION**

Volunteer mission projects can be extremely strenuous and stressful. They may include long rides in the back of a truck or on a bus. Travelers are almost always required to carry their own luggage. Rest rooms are not always readily accessible. The food may not be what you are accustomed to eating. Fruits and vegetables may not be available or advisable to eat. The housing and meeting locations may not have air conditioning and may not have adequate heating/cooling. There can be a considerable amount of walking involved in your trip, as well as climbing hills and/or several flights of stairs. During the winter months, walking may be on snow or ice-covered walkways and stairs. Summer months in many parts of the world can be very hot. The air quality is poor in many locations. All of these factors may aggravate certain health conditions and the medical facilities in many countries where we travel may provide inadequate medical care. Before acceptance, we may request a medical release statement from your doctor.

It is important to answer all questions honestly and to the best of your current belief and knowledge.

1. Do you have any physical condition that may limit your ability to perform the ministry for which you have applied under the conditions above? (e.g., knee problems, back or neck problems, asthma)

\_\_\_\_Yes \_\_\_\_No If yes, please explain:

2. Please summarize your health. Do you place any limits on yourself to avoid physical or medical problems		
3. Any hearing, vision, mobility limitations?		
4. Are you currently under a doctor's care or have you been in the past year?YesNo If yes, please explain:		
5. Do you have any existing medical condition that may require extended medical treatment or surgery in the future?YesNo If yes, please explain:		
6. Have you had any surgery or major health problems in the past two years?YesNo If yes, please explain:		
7. Are you currently or regularly taking any medications?YesNo If yes, please list any side-effects that may possibly interfere with your activity. Also, please list any medication allergies:		
8. Do you have any special dietary needs?YesNo If yes, please explain:		

#### **MEDICAL INFORMATION (Continued)**

#### **EMERGENCY INFORMATION AND LIABILITY WAIVER**

IN CASE OF EMERGENCY, CONTACT:		
Name:		
Address:		
City:		
Relationship to Applicant:		
Home Phone:	Cell/Work:	
Name:		
Address:		
City:		
Relationship to Applicant:		
Home Phone:	Cell/Work:	

#### LIABILITY WAIVER

In being accepted and allowed to participate in activities associated with Faith Baptist Church Missions Committee, I assume responsibility for my actions. I release Faith Baptist Church, it's Trustees, Employees, Staff, Missionaries, Volunteers and Agents from liability, loss, or damage to my property or myself. Nothing contained herein shall excuse Faith Baptist Church, it's employees, missionaries, volunteers or agents from responsibility to act with reasonable care for my safety or the safety of my property. I hereby release Faith Baptist Church, its Staff, Trustees, Employees, Missionaries, Volunteers, Agents, and Sponsors of this activity from responsibility and liability for injury or illness that I may sustain during this activity. In the event of emergency, I hereby authorize an adult leader of this activity, as my agent, to consent on my behalf to medical treatment. In this regard, I consent to allow said adult to authorize medical, dental, or surgical diagnosis, X-ray examination, and treatment including surgery and hospital care for me if needed and if advised and supervised by a license physician, surgeon, or dentist.

In the event of my death, I understand that the country I am in may not allow my body to be shipped home. I understand that there is always an element of risk involved in travel and participating in religious work in other countries.

Signature of Applicant: Date:
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Signature of Parent or Legal Guardian \_\_\_\_\_\_applicant is under 18 years of age)

(if

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### AUTHORIZATION AND CONSENT FOR MEDICAL TREATMENT:

In the event the Applicant is less than 18 years of age at the time of the anticipated trip or is otherwise legally incapacitated or disabled (consult counsel if you are unsure of this), it is absolutely necessary for the parent/guardian to sign this portion of the agreement. If the Applicant is 18 years of age or older, and is legally capable, he/she must sign the consent for medical treatment for himself/herself.

\_\_\_\_\_\_\_\_, a minor of whom I am the parent or legal guardian, while on a mission trip with Faith Baptist Church. If such treatment is recommended by a competent physician or surgeon and is performed by qualified medical personnel, I will not hold the above-named individual in charge, or anyone connected with Faith Baptist Church, responsible in case of adverse results or problems that arise from such treatment. It is understood that this release is valid only in case of an emergency and that a reasonable effort will be made to inform me of the problem and seek my personal decision before taking any action. However, if I cannot be reached, the above-named individual in charge is given my permission to seek whatever appropriate medical treatment deemed necessary for the above-named participant.

Signature of Parent/Guardian Date

Medical Release for ADULT (18 years of age or older): I hereby give to (name of individual in charge of group) \_\_\_\_\_\_\_ permission to authorize whatever medical treatment may be necessary for me, \_\_\_\_\_\_\_\_, while on a mission trip with Faith Baptist Church. If such treatment is recommended by a competent physician or surgeon and is performed by qualified medical personnel, I will not hold the above-named individual in charge, or anyone connected with Faith Baptist Church, responsible in case of adverse results or problems that arise from such treatment. It is understood that this release is valid only in an emergency situation where I am unable to consent to the medical treatment deemed appropriate for my care.

**Signature of Applicant/Participant Date** 

### **BACKGROUND CHECK INFORMATION**

This authorization and consent for release of personal information acknowledges that Faith Baptist Church may at present or at any time I am in a volunteer service assignment, conduct investigations whether the records are of a public, private, or confidential nature. These investigations might include, but are not limited to, driving records, educational reference, credential reference, name verifications, social security verification, county civil court records, county felony criminal history, county misdemeanor or criminal history, federal civil court records and criminal history (state, federal, or extended).

I understand that these searches will be used to determine volunteer work assignment for Faith Baptist Church. Therefore, I authorize and consent to full release of records to the authorized representatives of the church. In addition, I release and discharge Faith Baptist Church and its agents and associates to the full extent permitted by law from any claims, damages, losses, liabilities, expenses or any other charges or complaints filed with any agency arising from retrieving and reporting this information. I understand that according to the Federal Fair Credit Act, I am entitled to know whether volunteer service was denied based upon the information obtained and to receive, upon written request, a disclosure of the background report.

After reading this document, I fully understand its content and authorize the background verification. I also certify that the answers provided above and below are accurate to the best of my knowledge and belief. I am aware that failure to complete this application, intentional omissions or misstatements may result in refusal of volunteer eligibility. Should my application be accepted, I agree to be bound by the bylaws and policies of Faith Baptist Church and to refrain from unscriptural conduct in the performance of my services on behalf of the church.

Please print any other names you have used and whether male or female (maiden, nicknames, etc.)

Date of birth (for identification purposes only)
dd/mm/yyyy
Do you have a current driver's license?YesNo
List your driver's license number, state of issue, and exact name on the license:
Do you have a current passport?YesNo
List your passport number, exact name printed on passport and expiration date:
Have you, at any time, ever:
Been arrested for any reason?YesNo
Been convicted of, or pleaded no contest to, any crime?YesNo
Engaged in, or been accused of, any child molestation, exploitation, or abuse?YesNo
Exhibited behavior that could pose a threat to children, youth, or others?YesNo
Known any reason why you should not work with children, youth, or others?YesNo
If the answer to any of these questions is "Yes," please explain in detail on back of page $\rightarrow$
Print Name
Signature Date

# **RECEIPT OF DEPOSIT**

I understand that by giving a \$150 non-refundable deposit to Faith Baptist Church for the purchase of an airline ticket for a Mission Trip, I am claiming full responsibility of the purchase price of that airline ticket should I not be able to make the trip for any reason. The tickets are non-refundable, non-transferable tickets and can be used only by the ticket holder for up to one year from date of issuance with a penalty.

I also understand that the total trip cost (minus the \$150 deposit) is due <u>no later than 30 days</u> prior to departure.

Signature of Applicant	Today's Date
Signature of Parent (if above is a minor)	Today's Date
Aission Trip for which you are making this depo	osit:
Location:	Date of Trip:
City and/or Country	dd/mm/yyyy