

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 INFORMATION

Legal Name (as it appears on passport) : _____

Passport Number: _____ Passport Expiration Date _____
(Write "Pending" if you have applied for but not yet received your passport) (dd/mm/yyyy)

Birth Date _____ Birthplace: _____ Citizen of: _____
(dd/mm/yyyy) (Country) (Country)

Gender (circle one): M F Present Occupation: _____

Mailing Address: _____
Street, PSC/Box # City State Zip Country

Email Address: _____

Phone Number(s): (home) _____ (work) _____ (mobile) _____

Do you have a valid International Driver's License? ___ Yes ___ No

Adult T-shirt Size: ___ XS ___ S ___ M ___ L ___ XL ___ XXL ___ XXXL

EMERGENCY CONTACT

Emergency Contact Information of person not participating on the mission trip:

Full Name: _____

Phone Number(s): (home) _____ (work) _____ (mobile) _____

Email Address: _____

Home Address: _____
House/Apt # Street Name City Zip

MINISTRY INFORMATION

Are you a member of Faith Baptist Church, Kaiserslautern, Germany? Yes No

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? Yes No

How often do you attend Sunday worship service per month? 4-5x 2-3x <2x

In which ministry(ies) do you currently serve at FBC?

- | | |
|--|---|
| <input type="checkbox"/> Administrative/Office Staff | <input type="checkbox"/> Missions Committee |
| <input type="checkbox"/> AWANA | <input type="checkbox"/> Pastoral Team |
| <input type="checkbox"/> Buildings & Grounds | <input type="checkbox"/> Prayer Ministry |
| <input type="checkbox"/> Children's Ministry /VBS | <input type="checkbox"/> Preschool / FBC School |
| <input type="checkbox"/> Deacon Committee | <input type="checkbox"/> Sunday School/Weekly Education |
| <input type="checkbox"/> Financial Committee | <input type="checkbox"/> Women's Ministry |
| <input type="checkbox"/> Hospitality Committee | <input type="checkbox"/> Worship Team / AV / Media |
| <input type="checkbox"/> Men's Ministry | <input type="checkbox"/> Student OutReach |
| <input type="checkbox"/> Other (please state) _____ | |

FAITH & DISCIPLESHIP

Do you recall a time when you placed your faith in Jesus Christ as Savior and Lord? Yes No

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 Jesus Christ? Yes No; If 'Yes', when?

What disciplines do you practice regularly that encourage growth in your relationship with Christ?

SPIRITUAL GIFTS & MOTIVATIONS

What is the primary reason you would like to participate in this mission trip?

Have you participated on a short-term mission trip before? ____ Yes ____ No;

If 'Yes', then briefly describe the mission trip (e.g., when, where, its intent and outcome). Also include what God taught you through the experience and how you have applied it in your life:

Have you ever taken a Spiritual Gifts Inventory? ____ Yes ____ No

What spiritual gifts, talents, or skills do you have that the Lord can use on this trip? (check all that apply)

- Administration Discernment Encouragement Evangelism Faith Giving
- Helps Hospitality Intercession Knowledge Leadership Mercy Prophecy
- Shepherding Teaching Wisdom Worship Leader Drama Vocalist
- Play musical instrument Construction Medical Photography Security
- Love working with children love working with youth Love working with adults
- Other (please specify): _____

List any foreign languages you speak and your level of proficiency in those languages:

Have you ever participated in evangelism, discipleship, or witnessing training? ____ Yes ____ No

Dealing with uncertainty and change (*circle a number for each question*):

How well would you rate your ability to be flexible and adaptable?.... 1 2 3 4 5 6 7 8 9 10
Not well Moderately Well Very Well

How well do you receive and follow instruction?..... 1 2 3 4 5 6 7 8 9 10
Not well Moderately Well Very Well

How willing are you to forego personal preferences in order to honor the culture into which you are going? 1 2 3 4 5 6 7 8 9 10
Not willing Moderately Willing Very Willing

How well do you handle conflict or stressful situations?..... 1 2 3 4 5 6 7 8 9 10
Not well Moderately Well Very Well

How difficult would it be for you to work with Christians who may have doctrinal viewpoints different from your own?..... 1 2 3 4 5 6 7 8 9 10
Not difficult Moderately Difficult Very Difficult

Comments: _____

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? ____ Yes ____ No

If yes, please explain:

5. Do you have any existing medical condition that may require extended medical treatment or surgery in the future? ____ Yes ____ No If yes, please explain:

6. Have you had any surgery or major health problems in the past two years? ____ Yes ____ No

If yes, please explain:

7. Are you currently or regularly taking any medications? ____ Yes ____ No 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? ____ Yes ____ No If yes, please explain:

MEDICAL INFORMATION (Continued)

EMERGENCY INFORMATION AND LIABILITY WAIVER

IN CASE OF EMERGENCY, CONTACT:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Relationship to Applicant: _____

Home Phone: _____ Cell/Work: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

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: _____

Signature of Parent or Legal Guardian _____ (if applicant is under 18 years of age)

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.

Medical Release for MINOR (17 years of age or younger - or otherwise incapacitated or disabled): I hereby give to (name of individual in charge of group) _____ permission to authorize whatever medical treatment may be necessary in the case of (name of participant) _____, 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

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 no later than 30 days prior to departure.

Signature of Applicant

Today's Date

Signature of Parent (if above is a minor)

Today's Date

Mission Trip for which you are making this deposit:

Location: _____ **Date of Trip:** _____
City and/or Country *dd/mm/yyyy*

Deposit Received (specify \$ or € cash): _____ **Date Received:** _____
dd/mm/yyyy