

New Bern, NC
May 24-30, 2020

SHORT TERM MISSIONS TRIP APPLICATION

First Baptist Church
12 Brookside Drive
Danville, PA 17821 (570) 275-1511

Please print!

GENERAL INFORMATION

Name _____ Do you have a current passport? N/A

If yes, when does it expire? N/A Current passport # N/A

Country of Citizenship _____ Male Female Date of Birth _____ Age _____

Marital Status _____ If married, spouse's name _____

Mailing Address _____

City _____ State _____ Zip Code _____

Home phone _____ Cell phone _____ Occupation _____

Email address _____

Work phone _____ Work hours _____ Is it okay to call you at work? _____

Church Name _____ Pastor's name _____

Church address _____

City _____ State _____ Zip code _____ Church phone _____

Current employer or school and major if a student _____

EMERGENCY CONTACT (not a team member - stateside only)

Name _____ Relationship to applicant _____

Home phone _____ Cell phone _____ Work phone _____

Address _____

City _____ State _____ Zip code _____

Email address _____

GENERAL HEALTH

Medical History: Indicate the year you have had any of the following

NONE

_____ Asthma	_____ Migraine Headaches	_____ Psychiatric History
_____ Cancer	_____ Leukemia	_____ Depression
_____ Nervous Breakdown	_____ Diabetes	_____ Rheumatic Fever
_____ Tuberculosis	_____ Excessive Fatigue	_____ Seizures
_____ Aids/HIV	_____ Fainting Spells	_____ High Blood Pressure
_____ Hepatitis	_____ Eating Disorder	
_____ Other: Please explain _____		

Medication – please list all medications (name and dosage) you are currently taking **NONE**

Flight Assistance Required? N/A Wheelchair needed Other _____

Allergies – specify any allergies to medications, foods, etc. and describe reactions **NONE**

Diet – Explain any special dietary needs **NONE**

Is there any reason you cannot tolerate any of the following? **NONE**
 Rigorous activity High Altitudes High Humidity High Temperatures Low Temperatures
 Other: Please explain _____

Temperament – Indicate which characteristics seem to apply to your temperament
 Impulsive High Strung Moody Dominant Introspective Shy Aggressive
 Easy Going **NONE**
 Other: Please explain _____

I certify I have answered the above questions fully, honestly and I have no other serious health problems.
Signature _____ Date _____

MISSION EXPERIENCE – Please include sending organization, ministry location and duration

Are you conversational in other languages than English? Yes No Languages _____

What is your highest educational level completed/degree earned/major? _____

In what ways are you involved in your local church and/or other ministries? _____

PERSONAL TESTIMONY – Please share how you came to faith in Christ and your current relationship with the Lord.

LEGAL WAIVER

I recognize that participation on a trip of this nature may be hazardous or dangerous. Therefore, I am, for myself, my heirs, executor and or administrator, releasing and forever discharging First Baptist Church of Danville, PA and all its officers, agents, servants, and employees, acting officially or otherwise, from any and all reason of injury, damage (including property damage to any of my belongings), loss or death which may occur from any cause including, but not limited to, any accident and/or occurrence while participating individually or with others while with the church and/or on this mission trip.

Furthermore, I realize all contributions to First Baptist Church are tax-deductible. Once a tax-deductible receipt is issued to the donor, the financial disbursement of these funds is at the discretion of First Baptist Church. Funds given in excess of the individual's program cost cannot be returned but will be used to further the ministries of the short term missions program of First Baptist Church.

I acknowledge that I am voluntarily entering a disaster relief zone and agree that the release of liability is signed with this knowledge. Additionally, I agree to participate in whatever debriefing First Baptist Church requires.

I agree that photos and videos taken of me while I was participating with the First Baptist Church mission trip may appear in newsletters, promotional materials and trip reports.

Signature _____ Date _____

Signature of Parent/Guardian *(if under 18)* _____ Date _____

Printed name of Parent/Guardian *(if under 18)* _____ Date _____

Medical Personnel: Documentation/license attached? Yes No

T-shirt size: ___S ___M ___L ___XL XXL___
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CONFIDENTIAL

PASTORAL REFERENCE

* References not needed for returning team members *

APPLICANT: Please complete the information in this box and provide a stamped envelope addressed to: First Baptist Church, c/o NC Missions Trip, 12 Brookside Drive, Danville, PA 17821 for the person filling out this form.

Applicant's Printed Name _____

I, the above named applicant, waive any right to have or obtain copies of the following confidential recommendation.

Applicant's Signature _____ Date _____

The above named applicant desires to participate on a short-term mission team; your comments will be greatly valued. Your prompt attention in the completion and return of this form is appreciated. Thank you for your assistance!

How long have you known the applicant? _____ Under what circumstances have you known the applicant? (check all that apply): Home School Church Social Business Other _____

Do you believe the applicant to be a believer? Yes No Please comment _____

For each of the following please check the term/phrase that best applies to the applicant:

Spiritual Life	<input type="checkbox"/> No interest in spiritual growth	<input type="checkbox"/> Little evidence of spiritual growth	<input type="checkbox"/> On a spiritual 'roller coaster'	<input type="checkbox"/> Meaningful, steady growth	<input type="checkbox"/> Mature, vibrant
Consideration of Others	<input type="checkbox"/> Self-centered, indifferent	<input type="checkbox"/> Slow to sense how others feel	<input type="checkbox"/> Reasonably responsive	<input type="checkbox"/> Understanding and thoughtful	<input type="checkbox"/> Responds with unusual insight
Teachableness	<input type="checkbox"/> Argumentative, rigid	<input type="checkbox"/> Highly opinionated	<input type="checkbox"/> Open-minded	<input type="checkbox"/> Willing to receive instruction	<input type="checkbox"/> Eager to receive instruction
Teamwork	<input type="checkbox"/> Frequently causes friction	<input type="checkbox"/> Prefers to work alone	<input type="checkbox"/> Usually cooperative	<input type="checkbox"/> Works well with others	<input type="checkbox"/> Exceptionally cooperative
Conduct with opposite gender	<input type="checkbox"/> Definitely unprincipled	<input type="checkbox"/> Questionable	<input type="checkbox"/> Generally good	<input type="checkbox"/> Above reproach	<input type="checkbox"/> Exemplary

What do you consider the applicant's strengths? _____

What do you consider the applicant's weaknesses? _____

What do you think this individual can contribute to this short term mission trip? _____

Comments: Please provide any additional comments related to this applicant that may be helpful _____

Reference completed by (printed name) _____ Phone _____

Signature _____ Date _____


CONFIDENTIAL

PERSONAL REFERENCE

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