

**High School Guatemala Mission Trip
November 18-24, 2018**

Checklist

_____ Short Term Mission Trip Application
(Complete only pages 1 & 2 if you have been on a Fruit Cove Mission trip in the last 3 years)

_____ Short Term Mission Project Policies
Please sign BOTH sides

_____ Participation Agreement
Form must be notarized. There is a notary in the church office.

_____ Background Investigation Consent ****IF YOU ARE 18 or OLDER**
Please complete even if you have completed one in the past.

_____ Copy of passport (COLOR)
The church office can make a color copy for you during office hours

_____ Deposit \$250 due August 20 (cash or checks payable to Fruit Cove Baptist Church)

For Travel Insurance purposes

Please PRINT your beneficiary: _____

Beneficiary's phone #: _____

Beneficiary's email: _____

**ONCE YOU HAVE ALL COMPLETED THE CHECK LIST
PLEASE TURN YOUR PACKET (INCLUDING CHECK SHEET) IN TO THE CHURCH OFFICE**



Short Term Mission Trip Application

Trip you are applying for? _____

General Information:

Name: _____

(please note this is the name that will be used for airline tickets, insurance and other important documents, please write it as it appears on your passport and other legal documents.)

Preferred/Goes by Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone Number: _____ Cell Phone Number: _____

Email Address: _____

Birthdate: _____ Gender: M or F Citizenship: _____

Marital Status: _____ Spouse's Name: _____

Names & Ages of Children: _____

Beneficiary Name (For Insurance Purposes): _____

Phone: _____ Email: _____

Passport Information:

Do you have a valid passport? _____ Issued by what country? _____

Passport Number: _____ Expiration Date: _____

Spiritual Information:

Church Membership: _____

How long have you been a member? _____

Which ministries have you been involved in both currently and in the past? (Please include length of involvement and any leadership positions held.) _____

***Medical Information:**

How would you describe your present health?

_____ Excellent _____ Good _____ Average _____ Poor

Do you have or have you ever had:

_____ Fainting Spells _____ Seizures _____ Respiratory Problems
_____ Diabetes _____ Heart Problems _____ Eating Disorders

Other: _____

Do you have any conditions that might affect your ability to fully function as a team member on this trip?

_____ Fear of Flying _____ Anxiety _____ Depression _____ Sleeping Disorder

Other: _____

Please list any and all allergies: _____

Please list any medication prescribed by a doctor that you are taking: _____

Please list any major illness(es) you have had in the last five years: _____

Please list your blood type: _____

Primary Physician: _____ Phone Number: _____

***You may be required to provide a doctor's letter of "clearance" before traveling**

Medical Insurance Information:

Insurance Provider: _____ Policy Number: _____

Contact Number: _____ International Contact Number: _____

Emergency Contact Information:

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone Number: _____ Cell Phone Number: _____

Email Address: _____

**If you have been on a Fruit Cove Baptist Mission trip within the last 3 years
you only need to complete pages 1 & 2**

Please provide two references who know you and your spiritual walk. One reference should be a church pastor or department director in a ministry in which you serve.

Name: _____ Relationship: _____
Home Phone Number: _____ Work Phone Number: _____
Email Address: _____

Name: _____ Relationship: _____
Home Phone Number: _____ Work Phone Number: _____
Email Address: _____

Have you ever served on a mission trip or had a cross-cultural experience? _____
If yes, where and when: _____

Please explain why you want to go on this trip: _____

How does your family feel about your participation on this trip? Was their response to your decision enthusiastic, skeptical, negative, or supportive? _____

What are your personal expectations for this trip? What would make this trip a success for you? _____

Do you have any questions or concerns regarding this trip that *you* would like answered at this time?

Related Skills & Work Experience Information:

I have had the following types of training: Please check all that apply to you

- | | | |
|--|---|--|
| <input type="checkbox"/> Disaster Relief | <input type="checkbox"/> Music or Drama | <input type="checkbox"/> Counseling |
| <input type="checkbox"/> Youth Ministry | <input type="checkbox"/> Adult Ministry | <input type="checkbox"/> Children's/Preschool Ministry |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Medical | |

Please list any languages that you speak: _____

Please list any other skills or talents that you feel may be helpful on the mission field: _____

Participation Agreement

In consideration for participating on the following short-term mission project with Fruit Cove Baptist Church:

Participant Name: _____

Project Dates: _____

I agree to release, discharge, and hold harmless Fruit Cove Baptist Church, its employees, agents, and members from any and all claims or demands due to personal injury, illness, or death as well as any and all property damage sustained of any nature which may be incurred by me, whether in foreign or domestic territory, while participating in the above described event or activity. I agree that if any of my actions, comments or attitude are deemed to be destructive to the team, its mission or the partnering country/mission I will be removed from the event. I also agree to be directed by and responsible to the designated church leadership for the project. Further, I agree to hold harmless and to indemnify Fruit Cove Baptist Church as well as its employees, agents, or members for any liability or expenses sustained by the Fruit Cove Baptist Church as a result of my participation. I agree to allow the church to use video and photographs taken during this event for promotional use for future Fruit Cove Baptist Church mission trips and events.

I hereby authorize Fruit Cove Baptist Church or its representative to initiate any medically necessary care on my behalf in the event of my incapability to present myself for such care and agree to be financially responsible to any care provider and authorize the release of any necessary medical or insurance related information pertinent to the circumstances.

Participant Signature: _____ Date: _____

Guardian Signature: _____ Date: _____

**STATE OF FLORIDA
COUNTY OF DUVAL/ST. JOHNS**

The forgoing instrument was acknowledged before me this _____ day of _____

by _____.

Stamp of Notary

Signature of Notary

Personally Known _____

Produced Identification _____ Type of Identification Produced _____

Revised 2013

Going to



the Nations

Short-Term Mission Project Policies

Purpose of Short-Term Mission Projects

- To lead people to faith in Jesus Christ.
- To impact the world through the living testimonies of project participants and through the Word of God.
- To aid and build up the ministry of the local missionary or pastor.
- To develop Great Commission believers.
- To assist our church in being obedient to God's command expressed in the Great Commission (Matthew 28:19).
- To develop long-term, strategic relationships throughout the world.

Policies for Short-Term Member Selection

Criteria for team member selection:

- All team members must have a testimony of salvation through Jesus Christ and be able to verbally express this testimony.
- Team members should be at least 16 years of age unless otherwise approved by the team leader and Missions Committee. Parental or guardian permission is required for team members who are under 18 years of age.
- Team members must demonstrate willingness to complete the short-term mission team training as prescribed by the team leader(s) including all deadline dates.
- Team members 18 years of age and older must complete a criminal background check that will be kept on file with the church.

Application for the team:

- Team members must complete the short-term mission team application and submit it to the team leader by the prescribed dates.
- The team leader may require interviews with potential team members in addition to the application.
- Short-term members must agree to and comply with the Financial Policy (see next Section)

Financial Policy for short-term team members:

1. Team members are expected to raise 100% of their financial support for the trip.
2. Support shall be raised within and outside the church using the methods taught in the Short-Term Mission Team training.
3. Final Payments are due, two weeks prior to the date of trip departure.
4. Per Tax policies and regulations, all donations (not payments) received by the church for this trip will go towards the overall cost for this trip and will not be allocated to any one individual.
5. A team member will be responsible for all cost or expenses incurred on their behalf, should they have to cancel and cannot participate on the trip.

Participant Signature: _____ Date: _____

Guardian Signature: _____ Date: _____



Short-Term Mission Project Policies (continued)

Policies for team behavior and attitude:

Team members participating on a church sponsored short-term trips are reminded that they are ambassadors of Jesus Christ. As teams go they not only represent Him, but the church, the United States, and the supporting mission agency. This is a tremendous responsibility. For this reason, the Missions Committee asks that each team member seek to be above reproach in his/her actions and attitudes.

- Team members must submit to the team leader's authority.
- Due to the political instability and anti-American sentiment in various countries around the world, team members should refrain from expressing political opinions while overseas.
- Abstain from the consumption or purchase of alcoholic beverages or any use or purchase of tobacco or illegal drugs while on the trip.
- The team member must adhere to the behavioral guidelines for each specific team set by the team leadership or missionary agency with a mind toward the culture to which the team is going. This will require a servant attitude toward all nationals and team members, as well as the willingness to learn from the host culture.

After consultation with the Missions Committee, the team leader reserves the right to remove a team member at any point during the training or while on the trip if that team member's behavior is deemed to compromise the effectiveness of the team, the ministry, or the host community. Any additional costs incurred as a result of this action will be at the team member's expense.

Participant Signature: _____ Date: _____

Guardian Signature: _____ Date: _____



Fruit Cove Baptist Church

Background Investigation Consent

I, _____ (applicant complete name), hereby authorize Fruit Cove Baptist Church and/its agents to make an independent investigation of my background, references, character, past employment, education, criminal, or police records, including those maintained by both police and private organizations and all public records for the purpose of confirming the information contained on my application and/or obtaining either information, which may be material to my qualification for employment and/or volunteer service now and if applicable, during the tenure of my employment and/or volunteer service with Fruit Cove Baptist Church.

I release Fruit Cove Baptist Church and/or its agents and any person or entity which provides information pursuant to this authorization, from any and all liabilities, claims, or lawsuits in regards to the information obtained from any and all of the above referenced sources used.

The following is my true and complete legal name and all information is true and correct to the best of my knowledge.

First Name (printed)	Middle Name	Last Name	Sex
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Maiden name or other names used

Present street address

How long at this address

City/State

Zip

Former Address

City/State and Zip

Please list any **OTHER COUNTIES & THE STATE** that you have resided in for the last 7 years

Date of Birth

Social Security Number

Signature

Date

All information provide and results of background investigations will be kept in strictest confidence.

Revised 5/20/2016