

Welcome to the World of Short-Term Missions



Fellow Servants,

Thank you for your interest in serving our missions partners through short-term trip. We are excited to be on mission with you. This packet is just the beginning of your pathway to the field with our church family.



Inside, you will find an “application” where we are seeking to gather some basic information about you. We keep records for every trip and this application is a big part of that that process.



It will also help you to take an inventory of some things to consider as you prepare to participate on a team. We travel as a team with one mind to serve both the Lord and our mission partner’s agenda.

Finally, for those who are seeking financial help through a scholarship, this application will help me take your request formally to our Missions Committee.



We praise the Lord for your interest in short-term missions with us, and we pray it will be a huge growth opportunity for you not just in the field but in the many weeks of preparation leading up to the trip.



Please call me personally any time to talk about anything. My mobile number is (813) 424-1791. My email is boe@fbctampa.org.

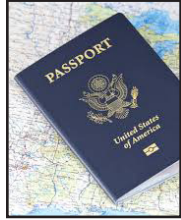
Blessings,



Boe



Checklist



- **Application / Signed Agreement**

Have you filled out all the basic info on our application form?

- **Personal Testimony**

Writing your faith story down will help us know you better, and it will also help you prepare to share your story in the field.

- **Deposit**

When you write a check and turn it in with your application, you are helping us cover our up-front ministry costs and your airfare. Deposit amounts vary depending on the trip and your personal situation.

- **Passport**

Check to see that your passport is not expired. Most airlines will not allow travel within six months of your expiration date. To get a new passport or to renew your existing passport, go to the USPS here:

www.usps.com/international/passports.htm

If you need a passport in a huge rush, you can travel to the Miami Passport office and get one that same day. Talk with Boe. He will help you get this done.

Miami Passport Agency
(877) 487-2778
OMNI Center
1501 Biscayne Boulevard, Suite 210
Miami, Florida 33132

travel.state.gov/content/passports/en/passports/information/where-to-apply/agencies/miami.html

- **Visa Application / Other Docs**

Can differ for different countries.

Application

PERSONAL

Name: _____ Male Female

Address: _____

Phone: _____
(H) _____
(W) _____
(C) _____

E-Mail Address: _____

Date of Birth: _____ Country of Citizenship: _____ Country of Birth: _____

Do you have a U.S. passport? Yes No Passport No.: _____

Date of Issue: _____ Expires: _____

Name as it appears on passport: _____

***** (include a copy of your passport) *****

If you do not have Passport, when did (will) you apply for it : _____

Single Married

Spouse's Name: _____

Your spouse must be supportive of your participation on this trip. Please use the space here to describe briefly your spouse's attitude about the trip and how he or she plans to support you.

TRIP INFO

Which FBC Trip(s) are you interested in: _____ Date: _____

Non-FBC Trip? _____ Date: _____

Description: _____

Application (cont.)

LOCAL CHURCH INVOLVEMENT

Do you attend FBC Tampa? Yes No

Part of a core group? Yes No

Are you a member? Yes No

Which group? _____

Do you attend another church? Yes No

Are you Member? Yes No

Phone: _____

How long? _____

Pastor's name _____

E-Mail: _____

SERVING IN THE CHURCH

How do like to serve? What ministries are you (or have you been) involved in with your church?

ABOUT YOU

What gifts, talents, skills, experiences or abilities will you bring to our mission team? Do you speak other languages? Do you have previous missions experience?

HEALTH

Do you have health concerns, special health needs, medications and / or allergies that the team needs know about? No Yes If yes, please use the space below to share:

EMERGENCY CONTACTS

Name: _____ Relationship: _____

Phone (H) _____ (W) _____ (C) _____

Secondary Emergency contact: _____ Relationship: _____

Name: _____ Relationship: _____

Phone (H) _____ (W) _____ (C) _____

Application (cont.)

REFERENCES

Please provide us with two references: one non- family member, and one ministry leader.

Name: _____

Name: _____

Relationship: _____

Relationship: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

Email: _____

Email: _____

FINANCIAL (FOR FBC TAMPA TRIPS)

Deposits: Deposits are usually non-refundable.

Covering the cost of the trip: We want everyone who participates in a short-term mission trip to participate financially. Whether you can pay the cost of the trip yourself or not, we recommend that you allow others -- those who are not going -- to be blessed by participating with you. We “recommend” you **raise up at least half of the cost of your trip** from others.

This gives those folks a chance to “go with you” in prayer and through sacrificial support. And it gives you a great opportunity to report back to those supporters your progress and results.

Fundraising: We will help you with personal fundraising. We also often work as a team to do some “fundraising” events.

Your commitment: If you plan to personally pay for and / or raise up all of the funds needed for the trip, please check YES here.

Giving over and above: If you would like to bless someone else by funding one or more “half-scholarships,” please let us know by checking YES here. How many? _____

Scholarships: Our Missions Development Committee has some funds which can be requested to help you complete your fundraising. You can request **up to 50 percent** of the total cost of trip. The other half *should* come from you or your personal fundraising.

If you want to request a scholarship, please check YES here, and write that dollar amount here \$_____ (can be up to 50 percent of the cost of the trip).

Application (cont.)

FOR NON-FBC TAMPA-SPONSORED TRIPS

If you are requesting financial support from our Missions Development Committee for a non-FBC Tampa trip, please provide us the following info:

Name of church or organization: _____

Address: _____

Phone: _____ Email: _____

Make Check Payable to: _____

PERSONAL TESTIMONY

Please share your faith story below (or attach a separate page). A good template to follow is: 1) Your life before Christ, 2) How Christ came into your life, and 3) How you are different now.

PRAYERS AND DREAMS FOR THIS TRIP

What is your dream for this trip? How do hope the Lord will use you?

Application (cont.)

AGREEMENT

I make a commitment to:

- Faithfully participate in the training prior to departure and after I return from the trip,
- Raise the necessary prayer and financial support,
- Submit to the authority of the trip leader and the host on-the-field,
- Conduct myself in a manner worthy of the Lord while serving Him on the project, and
- Refrain from any behavior which may compromise my witness.

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. Should any illness or medical emergency be required, I agree to pay all medical expenses in excess of the amount provided by any applicable insurance policy. (Initial Here) _____

LEGAL WAIVER

I understand and agree that First Baptist Church of Tampa its staff or other representatives assume no responsibility for the loss of property, damage to the same, personal harm, illness, or loss of life, that may occur during the execution of this volunteer mission project; and I, for myself, my heirs, executor, administrators, distributes, and assigns, in consideration of my admission to volunteer service and other good and valuable considerations, do hereby absolve said First Baptist Church of Tampa, and hold them harmless from any claim or demand which I or they might conceivably assert upon the basis of the foregoing. I understand that I will be under the policies of First Baptist Church of Tampa and my field supervisor. I agree to abstain from the use of tobacco products, alcoholic beverages, illegal drugs, and any other behavior that would hinder Christian ministry. I understand that the breach of this contract will be cause for dismissal from the volunteer project and return home at my own expense.

Participant Signature: _____ Date: _____

FOR STUDENTS (UNDER 18) ONLY:

Parent's Name: _____ Signature: _____

Address: _____

Best Telephone (H) _____ or (C) _____

E-Mail Address: _____

****THANK YOU! PLEASE RETURN THIS FORM TO BOE IN THE CHURCH OFFICE****