

## 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?

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### 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?

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### 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:

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### 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).



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www.fbctampa.org

## 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.

[illegible]

## PRAYERS AND DREAMS FOR THIS TRIP

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

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## 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\*\*\*\*