



**Mission Trip Application
First Baptist Church Dickson**

Location and date of trip for which you are applying: _____

Full name as appears on passport: _____
(Only for international trips.)

Passport number: _____ Expiration Date _____
(Only for international trips.)

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

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Responsibility

Part of the cost you are paying covers the purchase of medical and medical evacuation insurance available through the International Mission Board. While FBCD is not responsible for benefits paid under the insurance plan, you are designating FBCD to file claims and communication with the insurance company if needed.

FBCD is acting only in the capacity of facilitator in matters of transportation and mission operations. FBCD assumes no responsibility for injury or loss of property caused by airlines, other transportation companies or third parties.

FBCD reserves the right to conduct a background check on anyone applying for a church mission trip. Applicant gives FBCD specific consent to conduct such background checks as it deems appropriate. Applicant authorizes law enforcement agencies, health care providers, financial institutions, schools, institutions of higher education and other agencies to provide information on applicant to FBCD.

FBCD assumes no responsibility for loss or expenses caused by delays, sickness, quarantine, or other causes. FBCD reserves the right to make alterations in the itinerary. FBCD also reserves the right to accept, decline, or retain any person as a member of the mission trip at any time.

Please sign below to indicate you have read and understand this statement.

Signature

Date

Printed Name

Have you ever been convicted of a crime involving a minor?

- Yes No

Have you ever had an order of protection or a restraining order against you?

- Yes No

If yes to either question, please provide details on a separate sheet of paper and attach to this application.

Health Questions

Note: The mission trip may require that all participants be physically and emotionally able to endure conditions that are at times difficult, strenuous and demanding. Have you consulted with your physician or health care provider and based on these facts, do you certify that you are aware of the possible risks?

- Yes No

Are there any conditions you and your physician or health care provider feel the team leaders should be aware of during the trip? If yes, please describe below.

Emergency contact names, e-mail addresses, and telephone number(s) (Please submit at least one).

Name & Relationship	E-mail Address	Home Phone	Cell Phone

Email of family member(s) if you want us to update them while you are away on your trip. When possible, periodic e-mails will be sent to these family members to update them while you are away on your trip.:

FOR INSURANCE INFORMATION:

Beneficiary name(s):

Your date of birth: _____

What areas of work are you interested in and gifted for? (Please check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Public Speaking | <input type="checkbox"/> Personal Evangelism/Witnessing |
| <input type="checkbox"/> Preaching | <input type="checkbox"/> Teaching |
| <input type="checkbox"/> Music Performance/Leadership | <input type="checkbox"/> Youth Leadership |
| <input type="checkbox"/> News Writing | <input type="checkbox"/> Photography |
| <input type="checkbox"/> Other Skills _____ | |

Not a member of FBCD?

If you are not a member of FBCD, please provide the following information:

Church to which you belong: _____

Address of church: _____

Pastor: _____

Recommendation from your pastor (if you are not a member of FBCD):

I whole-heartedly recommend _____ (volunteer's name) as sound in his/her faith and spiritually equipped to serve in this volunteer project. (Pastor, feel free to call Todd Vermilyea 615-446-4640 at FBCD if you have questions.)

(Pastor)

(Name of Church)

(Date)

All Applications

Church Activities in which you are involved: (ex. Sunday School Teacher, Work with GAs/RAs, etc.) _____

Have you ever been involved in any other mission project(s)? Yes No

If yes, briefly describe your involvement and where you served: _____

Scholarship: Scholarships may be granted based on need and the availability of funds. If you have need and are interested in applying for a scholarship, please indicate by checking the box.

Testimonies are very important; because they are gifts that God uses to reach others with His grace and love. Please tell how Christ came into your heart as Lord and Savior and how He has moved in your life since then.

Please use reverse side or additional page if more space is needed.

Risk

I understand that any mission trip includes an inherent level of explicit and implicit risk. Travel accidents, sickness, and injuries are among these risks. I have conducted an independent investigation regarding this trip, as I feel necessary. Further, for international trips, I have reviewed the information about the mission trip country found on the Consular Sheets produced by the U.S. State Department at the following Website <http://travel.state.gov/content/passports/english/country.html> I knowingly accept the risks of participating in this mission trip.

Signature _____

Date _____

Statement of Belief

- I affirm that there is only one true and living God revealed to us as the Holy Trinity – Father, Son, and the Holy Spirit. I affirm that salvation is offered freely by God to all who accept Jesus Christ as Lord and Savior, who by His own blood obtained eternal redemption for the believer. This salvation includes regeneration or repentance by the believer, and sanctification in which the believer is set apart for God’s purpose.
- I affirm that Jesus Christ is our only way to Heaven, and that there is no other power under Heaven or earth by which we can be redeemed.
- I believe that Jesus Christ is fully God and fully man.
- I affirm that the Holy Bible is divinely inspired word of God.
- I believe in the virgin birth of Jesus Christ.
- I believe that my atonement for sin was paid in full through Jesus Christ’s death on a cross, and I believe that Jesus was resurrected from the dead.

Statement of Participation

I agree to participate as a member of this team and will follow instructions of the group leaders.

Signature _____ Date _____

Thank you for completing this application. Please return application to the church office at FBCD, 2501 Hwy. 70 East, Dickson, TN 37055. Phone: (615) 446-4640. You will be contacted as soon as our Review committee has approved your application.

This application must be submitted with a \$50 non-refundable deposit with the exception of applicant not being accepted for trip, medical problems or a canceled trip on FBCD’s part.