

Mission Trip Participant Application 2019

FBW MISSIONS
2019

fbw **FIRST BAPTIST**
WYLLIE a church for the cities

Application Date: _____

Trip Name: _____

CONTACT INFORMATION (As Stated on your Passport or ID):

Last Name First Name Middle Name

Street Address: _____ T-Shirt Size: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (____) ____ - _____ Work Phone: (____) ____ - _____ Cell Phone: (____) ____ - _____

Email: _____ Gender: () Male () Female Date of Birth: _____

Marital Status (circle one): Single Engaged Married Widowed Separated Divorced

Spouse (if applicable): _____

Dependent Children (if applicable):	Age	Gender
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PASSPORT INFORMATION (if applicable):

Do you have a passport? () Yes () No () Applying

Name (as it appears on your passport): _____

Passport Number: _____ Issue Date: _____ Expiration Date: _____

EMERGENCY AND INSURANCE INFORMATION:

Please list your emergency contact, beneficiary and medical insurance information below. FBW will purchase traveler insurance on your behalf.

Emergency Contact: _____ Relationship: _____

Home Phone: (____) ____ - _____ Work Phone: (____) ____ - _____ Cell Phone: (____) ____ - _____

Beneficiary (for travel insurance): _____ Relationship: _____

Home Phone: (____) ____ - _____ Work Phone: (____) ____ - _____ Cell Phone: (____) ____ - _____

Insurance Company: _____

Group Number: _____ Policy/Member Number: _____

FBW's mission statement is to "Spread God's Fame by Making Disciples of all People". It is important that mission trip participants exemplify this by (1) Gathering for Worship on a regular basis, (2) Growing in a Group to build relationships with other believers (3) Giving to What Matters by using time, talent and treasure to advance His kingdom through the local church. (4) Going into your world.

Please answer the following questions.

GATHER FOR WORSHIP (check one):

___ I am a member of FBW.

___ I attend FBW regularly and would like to begin the pathway to membership.

___ I am a member or attend another church regularly; Church name: _____.

GROWTH GROUP

Do you regularly attend a Growth Group? () Yes () No

Which one? _____.

GIVE TO WHAT MATTERS:

Please list ministries (past or present) in which you serve or lead: _____

Do you tithe regularly and systematically? Yes No; please explain: _____

DISCIPLESHIP QUESTIONS:

Your Personal Background.... Testimony

Describe your personal Bible study and prayer regimen. Do you have a daily devotional time?

How would you describe the gospel to someone else? Do you share your faith story regularly? If no, when was the last time you did?

Do you feel comfortable sharing the gospel?

Your expectations greatly influence the success of a short-term mission trip. Over the months ahead, the training you will receive will help refine your expectations.

Why are you interested in participating in this mission trip?

Please describe your initial expectations.

List any cross-cultural and short-term global or domestic mission experiences you have had (beginning with the most recent). Indicate the location, duration and ministry with which you were associated.

What mission missions-related involvement have you had outside of a mission trip (i.e. books, conferences, ministries, missionary support, etc.).

Tell us more about your talents, work experiences, skills, and/or foreign languages that may be helpful to a mission team. What is your current occupation?

All other travel experience (i.e. global vacations, business trips to foreign cities, etc.):

What is your family's attitude toward your interest in this trip?

REFERENCES:

Family members are not considered a valid reference and at least one reference must be a Deacon, Ministry or Mission Leader at FBW.

1. Name: _____ Phone: _____

2. Name: _____ Phone: _____

3. Name: _____ Phone: _____

REGISTRATION:

Registration is complete upon receipt of a ten percent (10%) non-refundable, non-transferable deposit along with this completed Mission Trip Participant Application.

The accounting office cannot accept any mission trip payments without a completed application.

Regular mission trip payments may be refundable and transferrable:

- Unless lodging and airfare have been secured on your behalf for this trip;
- If the refund is requested before Aug 2019;
- If the transfer is for another 2019 mission trip.
- Refunds are only payable to the original donor or payee.
- **Refunds are not permitted after August 2019.**
- **Mission trip payments may not be transferred to future mission trip years.**
- Excess funds, payments not applied to a 2019 trip and amounts earned from fundraising activities may not be refunded or transferred but will be forfeited and allocated to the FBW on Mission Fund.

FINANCIAL COVENANT:

All mission trip payments should be made payable to First Baptist Church Wylie in an envelope clearly labeled with the mission trip and participant's name.

Remaining payments shall be made as follows:

- 50% of the cost of the trip is due 90 days prior to departure.
- 75% of the cost of the trip is due 60 days prior to departure.
- 100% of the cost of the trip is due no later than 30 days prior to departure.

Trip costs such as airfare will not be paid on your behalf until there are adequate funds in your trip account to cover these costs.

The Mission Department will provide you with a budget of all anticipated expenses within 2 weeks of submitting your application.

Trip expenses such as lodging and airfare are outside of the control of FBW and are subject to change at the time of booking. Any changes will be communicated promptly and the cost of the trip will be adjusted accordingly.

Personal expenses incurred during the trip are not included in the trip cost nor will they be collected and paid by FBW.

Airline tickets are generally purchased 90 days prior to departure.

Once purchased tickets are non-refundable and non-transferable to minimize cost.

If 100% of the trip cost is not submitted 30 days prior to departure, the remaining amount due will be automatically deducted from the account you provide on the ACH Authorization Form included in this application.

PAYMENT OPTIONS:

- **By Mail:** Send check(s) to 100 N. First Street, Wylie, TX 75098. We do not recommend mailing cash.
- **Drop Box:** You may deliver your payment to one of the two drop box locations. One is located beside the south stairwell in the Mall. The other drop box is in the reception area of the church office at 200 N. Ballard. Please be sure your payment is clearly labeled and enclosed in an envelope.
- **Online:** Visit www.fbw.church/give
 - Click “Give Online”.
 - Select “Other”.
 - Include the mission trip and participant name in the memo box.
 - Credit or debit cards accepted.

OTHER FINANCIAL DISCLOSURES:

In accordance with IRS Publication 17, Chapter 24, generally, you can claim a charitable contribution deduction for travel expenses necessarily incurred while you are away from home performing services for a charitable organization if you are on duty in a genuine and substantial sense throughout the trip. You may enjoy the trip, but there can be no significant element of personal pleasure, recreation, or vacation in the travel.

Deductible travel expenses include:

- Air, rail, and bus transportation;
- Out-of-pocket expenses for your car;
- Taxi fares or other costs of transportation between the airport or station and your hotel;
- Lodging costs;
- Meals

Non-deductible expenses generally include personal expenses, souvenirs and entertainment.

First Baptist Church of Wylie is a qualified section 501c3 organization non-profit organization. For tithes, offerings and donations to be tax deductible by a donor who is not the mission trip participant, control must be relinquished to the church in accordance with IRS regulation.

Please consult a tax advisor for additional information about the tax deductibility of your mission trip payments.

AGREEMENT:

Please initial in the space provided as an indication of your understanding and agreement of the statements.

___ FBW is not responsible for extra trip expenses, such as air fare changes, hotel upgrades, medical and personal items. Should these expenses occur, they are the responsibility of the mission trip participant.

___ I agree to return home at my own expense if the mission trip team leader together with the mission’s pastor determines that my behavior is inappropriate and jeopardizes the mission and/or ministry partnership.

___ I understand that my ability to participate in this trip can be denied prior to travel if I do not fully prepare for this trip as directed by the mission trip Team Leader. Attendance at a minimum of 75% of Mission Trip Training Meetings is required.

___ I will abstain from the purchase and consumption of alcohol on this trip regardless of my personal convictions.

___ I agree with FBW’s Vision, Mission, and Faith Statement (see attached).

___ I am willing to work under the direction of FBW’s Missions Department, Team Leader, and Field Partners to accept and to perform all assignments with a God-honoring attitude.

___ I am willing to conform to the national laws, regulations and cultural standards that apply to Christians visiting and living in that nation (for international travel only).

___ I consent to background screening.

___ I commit to fulfill pre-, mid-, and post-trip responsibilities.

___ I have read and agree to the above payment schedule and understand FBW’s policy on mission trip payments.

Your Signature

Date

Notary Signature and Seal

Date

Our Vision, Mission, and Faith Statement

First Baptist Wylie, a church for the cities exists to “Spread God’s fame by making disciples of all people.” We believe the Bible clearly demonstrates this as our primary mission as followers of Jesus Christ. Therefore, as a church we live with a purpose focused on a Christ centered vision, mission and goal.

Vision: “*Spreading God’s Fame...*” *Isaiah 43:1-7*

As followers of Jesus we are called to live with a Christ centered vision for our lives. Followers of Jesus have been called to Christ for the sole purpose of glorifying God. God is completely concerned with his fame. We are in constant awe and reverence of who He is and what he has done for us that impacts every aspect of our lives.

Mission: “*...by making disciples...*” *Matthew 28:16-20*

We can sum up making disciples with the command of “follow me.” We believe that following Christ will cost us everything but will result in bringing ultimate glory to God. When we follow Christ, we are commanded to multiply our community by making more disciples by going, teaching, and baptizing. As we make disciples, we are made into disciples. We pray that you will glorify God by making disciples.

Goal: “*... of all people.*” *Acts 1:8*

The salvation that Jesus brings is not limited to a single group of people but is to be preached to the ends of the earth. We strive to make disciples by sharing the gospel of Christ with everyone we encounter in our local context and in contexts around the world. The goal of the church is to reach all the peoples of the world with the gospel of Christ.

Join with us as we strive to complete the great commission as we “*Spread God’s fame by making disciples of all people.*”

HEALTH HISTORY:

Health information you provide is confidential and will be used to provide safe and informed care if a medical issue arises during the mission trip. Check all that apply and provide information as requested.

Medical Problem	Explain	Medications/Treatments
<input type="checkbox"/> Abdominal conditions	<input type="checkbox"/> Crohn's Disease <input type="checkbox"/> Gastric Reflux <input type="checkbox"/> Irritable Bowel Syndrome <input type="checkbox"/> Other	
<input type="checkbox"/> Allergy	<input type="checkbox"/> Insect stings <input type="checkbox"/> Latex <input type="checkbox"/> Seasonal <input type="checkbox"/> Food _____ <input type="checkbox"/> Other _____	Symptoms/Reaction: EpiPen? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Asthma <input type="checkbox"/> Other respiratory _____	Under medical care now? <input type="checkbox"/> Y <input type="checkbox"/> N	
<input type="checkbox"/> Behavioral, Emotional, Psychological		
<input type="checkbox"/> Blood disease / disorder		
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2	
<input type="checkbox"/> Ears, Eyes, Nose	<input type="checkbox"/> Hearing Loss Hearing aid(s) <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Vision Loss not corrected by glasses or contacts <input type="checkbox"/> Other _____	
<input type="checkbox"/> Heart condition/ heart surgery		
<input type="checkbox"/> Neurological disorder	<input type="checkbox"/> Migraines <input type="checkbox"/> Cerebral Palsy <input type="checkbox"/> Spina Bifida <input type="checkbox"/> Other _____	
<input type="checkbox"/> Muscle, bone, joint condition	<input type="checkbox"/> Arthritis <input type="checkbox"/> Muscular Dystrophy <input type="checkbox"/> Scoliosis <input type="checkbox"/> Other _____	
<input type="checkbox"/> Skin condition		
<input type="checkbox"/> Seizures		
<input type="checkbox"/> Other health conditions/ surgeries		
<input type="checkbox"/> Other medications (not listed above)	Reason:	Medication:

PHYSICAL EXAMINATION FORM:

Mission trip participants must be in reasonable good health to travel on a FBW mission trip. This Physical Examination Form must be completed prior to participation.

You may utilize Clinic for the Cities to obtain the examination at no cost to you.

Mission Trip Participant: _____ Date of Birth: _____ Gender: Male Female

Physician Name: _____ Phone: _____

Height _____ Weight _____ Pulse _____ BP _____

Medical	Normal	Abnormal Findings
Appearance		
Eyes/Ears/Nose/Throat		
Lymph Nodes		
Heart-Auscultation of the heart in the supine position.		
Heart-Auscultation of the heart in the standing position		
Heart-Lower extremity pulses		
Pulses		
Lungs		
Abdomen		
Skin		
Musculoskeletal		

CLEARANCE

- Cleared for travel.
- Cleared for travel after completing an evaluation or rehabilitation for: _____
- Travel Restricted; please explain: _____

The following information must be filled in and signed by either a Physician, a Physician Assistant licensed by a State Board of Physician Assistant Examiners, a Registered Nurse recognized as an Advanced Practice Nurse by the Board of Nurse Examiners, or a Doctor of Chiropractic.

Examiner's Name (please print): _____ Date of Examination: _____

Signature: _____



ACH Authorization

I hereby authorize First Baptist Church of Wylie, Texas to initiate payments and/or withdrawals to my checking/savings account at the financial institution listed below, and if necessary, initiate adjustments for any transaction credited or debited in error. This authority will remain in effect until First Baptist Church of Wylie, Texas is notified by me in writing to cancel such payments.

Date: _____

Name: _____

Address: _____

Financial Institution: _____

Financial Institution Address: _____

Type of Account (circle one) Checking Savings

Routing Number: _____

Account Number: _____

The routing number and account number are located on the bottom of your check as follows:

Ⓜ 123456789 Ⓜ 1234567890123 Ⓜ
Routing Number Account Number

Attach a voided check or deposit
slip
HERE



Background Screening Consent Form

COMPLETE ALL INFORMATION, SIGN AND DATE (in areas left blank, print N/A)

I, _____, hereby authorize **First Baptist Wylie** and/or its agents to make an independent investigation of my background that may include: references, character, past employment, education, credit history (if applicable for position), adult criminal or police records, and motor vehicle records including those maintained by both public and private organizations and all public records for confirming the information contained on my Application and/or obtaining other information which may be material to me qualifications for service now and, if applicable, during the tenure of my employment or service with **FBW**.

I release **First Baptist Wylie** and its agents and any person or entity, which provides information pursuant to this authorization, from all liabilities, claims or lawsuits regarding the information obtained from 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:

FULL NAME (Printed) _____

MAIDEN NAME or OTHER NAMES USED _____

SOCIAL SECURITY NUMBER _____ - _____ - _____ Date of Birth* _____ / _____ / _____

PRESENT ADDRESS _____

CITY _____ STATE _____ ZIP _____

How Long at Present Address? _____

PREVIOUS ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOW Long at Previous Address? _____

List all states and counties of residence since turning age 18 _____

Circle any of the following states in which you have lived CA, CO, DE, LA, MA, SD, VT, WV, WY

If you have ever been convicted or plead guilty before a court for any federal, state or municipal criminal offense, excluding minor traffic misdemeanors; please explain in writing on back of this page, or inform the minister requiring background screening consent.

If you have ever received deferred adjudication or similar disposition for any federal, state or municipal offense; please explain in writing on back of this page, or inform the minister requiring background screening consent.

DRIVER'S LICENSE NUMBER _____ ISSUING STATE _____

DATE _____

SIGNATURE OF APPLICANT

By my signature above, I authorize FBW to request background screening as needed, until I revoke my consent in writing.

*NOTE: This information is required for identification purposes only, and is in no manner used as qualifications for employment, internship, or service as a volunteer. **FBW** abides by all applicable state and federal employment laws.

OFFICE USE ONLY:

MINISTRY AREA REQUESTING BACKGROUND SCREENING:

- Administrative _____
- Preschool _____
- Children _____
- Youth _____
- Missions _____

- Signed & Dated Consent Form
- Background Check Completed
- By: _____
- Follow-up Required
- Yes No
- 2 Year Run Date

- Date: _____
- Date: _____
- Reviewed By: _____
- Date: _____

