

# First Baptist Wylie Missions

Local Mission Team Application



**Local Team Member Application**

Application Date: \_\_\_\_\_

Location and Dates of trip: \_\_\_\_\_

Personal Information

T-Shirt Size \_\_\_\_\_

Name:

\_\_\_\_\_

Last	First	Middle
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Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Work Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Cell Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_

Email: \_\_\_\_\_ Gender: ( ) Male ( ) Female Date of Birth: \_\_\_\_\_

Marital Status: Single Engaged Married Widowed Separated Divorced

If Married, Spouse's Name: \_\_\_\_\_

If you have children,

<u>Children's Name(s)</u>	<u>Age</u>	<u>Gender</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

Please give the name of your Growth Group leader and how long you have attended: \_\_\_\_\_

Relationship to First Baptist Wylie

Check one and complete the requested information

Member since \_\_\_\_\_ (month/yr) and have attended since \_\_\_\_\_ (month/yr).

Regular attendee and active in church since \_\_\_\_\_ (month/yr) and anticipate church membership \_\_\_\_\_ (month/yr)

Member of a church other than First Baptist Wylie. Specify church \_\_\_\_\_

Personal Background

Please share your salvation story in 100 words or less.

What is your current occupation (i.e. student, business, media, etc.)?

Tell us more about your talents, work experiences, skills, and/or foreign languages that may be helpful for future trips.

Please indicate your level of proficiency: working knowledge, fluent, etc.

List ministries at First Baptist Wylie that you have been involved in, both past and present. Include length of involvement and ministry leader for each ministry.

How do you sense the Lord is leading you to be a part of this mission team?

References

List your Growth Group leader or another ministry leader (Deacon, Ministry Leader, Clinic, or Mission Leader) of FBW who knows you and could best serve as a reference.

Thank you for taking the time to fill out this application. A member of the FBW Missions Department will be in touch with you soon.



## 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 the purpose of confirming the information contained on my Application and/or obtaining other information which may be material to my 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 any and all liabilities, claims or lawsuits in regard 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:

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: \_\_\_\_\_