



**Trip Name:** \_\_\_\_\_ **Application Date:** \_\_\_\_\_

FBW is excited to have you join us in the mission of Spreading God's fame by making disciples of all people. We were created to impact all nations for the glory of Christ. Our goal is to be a faith family of world-impacting disciples who are partnering with our brothers and sisters here and around the world to reach the lost for Christ.

**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: \_\_\_\_\_.

**GROW IN A 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: \_\_\_\_\_

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

**DISCIPLESHIP QUESTIONS:**

Please share your personal testimony.

How would you describe the gospel to someone else?

*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?

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

Tell us about any talents, work experiences, skills, and/or foreign languages that may be helpful to a mission team.

**There have been no significant changes to my testimony and mission-related involvement since the date of my last application on \_\_\_\_\_.**

**Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

**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: \_\_\_\_\_

**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.

**PRICING:**

FBW will work diligently to accurately price mission trips. If the cost of the trip is less than the original price, excess funds are not refundable or transferrable to a future trip but will be allocated to the FBW on Mission Fund for mission trip scholarships and use at the discretion of the mission's pastor.

The "FBW On Mission" account is designed to be used to support strategic missional partnerships nationally and internationally, offset costs of unexpected needs or emergency situations that arise from Mission Teams, and potentially fund scholarships for short-term and long-term mission needs as FBW attains the goal of "Spreading God's Fame by making Disciples of All People".

Should a trip exceed the planned budget, planned changes will be communicated immediately. The cost of the trip will be adjusted if needed with ample time for additional payments.

At times, team members may decide to add a trip excursion to the itinerary or gifts for ministry partners. These items will be communicated during team meetings.

**PAYMENT SCHEDULE:**

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's department will provide you with a budget of all anticipated expenses within 2 weeks of submitting your application.

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, you will not be permitted to participate in the mission trip without a payment plan and approval by the Minister of Operations.

#### **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](http://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.
- **Text** "SPREADHISFAME" to 73256. Standard text message rates apply.
- **Mobile App:** Find "Connect - Our Church Community" in the App Store or Google Play. Login required. Contact [INFO@FBW.CHURCH](mailto:INFO@FBW.CHURCH) to REQUEST a REALM invitation.

Please note that envelopes that do not contain details such as trip name, date, donor information may be misapplied. Please be clear to avoid posting errors to your account.

#### **CHANGES AND CANCELATIONS:**

Changes or cancellations to your registration should be communicated to the Missions Department and your team leader immediately.

Mission trip payments may be refundable or transferrable (except for the 10 percent deposit) if:

- The request is before August 2019 and no trip expenditures have been made on your behalf;
- The transfer is for another 2019 mission trip.
- For some unforeseen reason the trip is cancelled by FBW.
- Refunds are only payable to the original donor or payee.

Mission trip payments are NOT refundable or transferrable if:

- Lodging and airfare have already been secured on your behalf.
- The request is made within 15 days of the original trip's departure date.
- **The request is made after August 2019.**
- **The request is for a future mission trip year.**

*Please note FBW will be unable to hold funds for individuals for future undesignated trips. Therefore, any undesignated funds in a trip account at the completion of that trip will be transferred to the "FBW On Mission" Account. Individuals should contact the mission's department to ensure proper handling of all funds associated with changes or cancellations in your plans.*

## **FUNDRAISING:**

Missions is a catalyst for discipling individuals. Those who can pay the full amount for their trip are encouraged to do so; however, FBW supports fundraising but within the following parameters.

### 1. Churchwide Fundraising Events

FBW will sponsor and host no more than 3 fundraising events each year that will be available to anyone who wants to participate. These events will include things like a golf tournament, silent auction, and a 5-K & Fun Run. The goal is to offer you low to no cost opportunities to maximize your fundraising potential in a few large-scale events instead of multiple small events.

### 2. Team Fundraising Events

Team fundraising events are organized by the Team Leader. These events require approval by the Mission's Pastor, but can include things like Chick fil A Spirit Night, etc. Please note that these fundraising events may only be used to pay for a trip expenditure like a team outing or dinner during the trip or a love offering to the mission partner. Proceeds earned by team fundraising events will not be divided between individual trip goer accounts. The church can help publicize approved team fundraising events in accordance with our communications policy.

### 3. Individual Fundraising

Individuals may solicit their own support from employers, corporate grants, friends and family. FBW can provide a standardized letter that you can utilize to request support from your network of people and businesses. It will include clear instructions on how and where to send support, but you may customize the letter with details about your trip. Individual fundraising efforts are only for the benefit of the individual trip goer or the trip as a whole. These fundraising dollars may not be divided across multiple trip goer accounts.

**Ultimately the trip goer is responsible for 100% of the trip cost. Where God calls, God provides.**

## **PROHIBITED:**

- Fundraising efforts should not conflict with worship services. Therefore, fundraising on Saturdays between the hours of 5:30 pm - 8:30 pm and Sundays between the hours of 8:00 am - 12:00 pm will not be approved.
- Growth group solicitation during church hours is not permitted. Individual fundraising is permitted as described above, but this cannot be done on church grounds during growth group hours.
- No sales on church grounds of any kind. This includes merchandise, garage sales, bounce houses, food, etc.
- No fundraising dollars should be earned in exchange for volunteer hours, such as parking lot donations.
- Team fundraising dollars in the possession of a single individual is strictly prohibited.
- Team funds should never be placed in a private bank account, kept in a private location or at the home of a church member.
- Fundraising plans may not delay regular trip payment due dates.
- FBW cannot exercise proper internal control over team fundraising involving cash payments. Therefore, our official position is that these fundraising events will not be approved, and FBW staff may not be involved in these fundraisers in any way.

Please note if FBW has a presence at a community event, such as Boo on Ballard, Bluegrass, Christmas Parade, Rodeo, etc., the purpose is to bless our community and not solicit money. We hope you will continue to partner with us, even though there is no financial benefit to you, as we are the community's church.



**OTHER FINANCIAL DISCLOSURES:**

First Baptist Church of Wylie is a qualified section 501c3 non-profit organization. For tithes, offerings and donations to be tax deductible by a donor, control must be relinquished to the church in accordance with IRS regulation. Therefore, stewardship and disbursement of those gifts is completely at the discretion of FBW.

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.

FBW will code all mission trip payments via cash, check or online as non-deductible; however, you may consult your tax advisor to determine whether your payment is a tax-deductible item.

Contribution letters will be sent annually for your records but may be requested anytime by contacting the church office.

**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 upgrades, 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.

\_\_\_ I understand that my ability to participate in this trip can be denied if my trip cost is not paid in full 30-days prior to departure.

\_\_\_\_\_  
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:

There have been no significant changes to my health condition since the date of my last physical examination on \_\_\_\_\_.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If the date of your last examination is greater than 24 months, a new physical examination signed by a physician is required. See the form on the next page.

**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 once every two years 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: \_\_\_\_\_



**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:**

- |   |   |                    |
|---|---|--------------------|
| <input type="checkbox"/> Administrative _____ | <input type="checkbox"/> Signed & Dated Consent Form                        | Date: _____        |
| <input type="checkbox"/> Preschool _____      | <input type="checkbox"/> Background Check Completed                         | Date: _____        |
| <input type="checkbox"/> Children _____       | By: _____   |                    |
| <input type="checkbox"/> Youth _____          | Follow-up Required <input type="checkbox"/> Yes <input type="checkbox"/> No | Reviewed By: _____ |
| <input type="checkbox"/> Missions _____       | <input type="checkbox"/> 2 Year Run Date                                    | Date: _____        |

## **CONSIDERATION FOR MISSION TEAM LEADERSHIP**

FBC Wylie will consider these critical components of discipleship in reviewing your application to be a Team Leader:

- Agreement with FBC Wylie's vision, mission, goals, values, and strategy.
- Member of FBC Wylie.
- Regular Worship Service Attendance.
- Active member of a growth group
- Financial support of FBC Wylie through obedient tithes and offerings
- Previous experience, behavior and payment history regarding prior mission trips
- Active service through FBW missions and/or ministries
- Effective prayer life
- Effective discipleship and leadership skills
- Healthy relationship with family and others
- Background check approval (required).

### **REGISTRATION**

An application for team leader will need to be submitted each year, just like a team member.

### **APPROVAL**

Leaders will be notified of approval within 3 weeks of submitting an application. Upon approval, a missions account is created by the finance office specific to your trip.

### **TRIP COST**

FBW will cover up to 50 percent of the cost of one trip leader per trip. Team Leaders are responsible for at least 50 percent depending up on the number of participants.

### **TRIP EXPENDITURES AND DOCUMENTATION**

Leaders should submit a check request for petty cash or other trip expenditures to the mission's department at least 21 days prior to trip departure.

Petty cash checks will be made payable to the team leader and a W-9 will be required in accordance with IRS regulation. Leaders must maintain a detailed log of petty cash expenditures plus receipts. Upon trip completion, petty cash expense reports must be submitted to the church office within 10 days for review by the mission's pastor. Undocumented petty cash expenditures must be treated as taxable income to the payee, so it is critical you maintain receipts and turn in all documentation promptly to avoid tax consequences.

### **DEBRIEF**

Leaders should schedule a debrief meeting with team members and Missions Pastor within 14 days of return. Leaders should be prepared to evaluate the following with Team Members:

- Effectiveness of Preparation
- Team Unity
- Evangelism Training
- Clarity of Objective
- Ministry Opportunities on Mission
- Field Partner Leadership
- Spiritual Growth of Team

All exceptions to the FBW Missions Team Leader Policy are subject to the discretion of the FBW Leadership Team.

**Yes, I would like to be considered for mission team leadership.**