**First Baptist Church Mt Juliet**

**Mission Project Application**

Location and date of trip for which you are applying: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full name as appears on passport: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Passport number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiration Date \_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Responsibility**

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

 if needed.

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

FBCMJ assumes no responsibility for loss or expenses caused by delays, sickness, quarantine, or other causes. FBCMJ reserves the right to make alterations in the itinerary. FBCMJ 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

**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. A participant may be required to furnish a statement from his/her physician that they ate able to withstand these kinds of “third world” conditions.

Have you ever had any serious injury or illness?  Yes  No

If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Do you use alcohol?  Yes  No Tobacco?  Yes  No

Have you ever had, or have you now, any of the following?

 Yes  No Frequent and/or severe Headaches  Yes  No Dizziness or Fainting

 Yes  No Convulsions  Yes  No Nervous Breakdowns

 Yes  No Mental Problems  Yes  No Visual Problems

 Yes  No Asthma  Yes  No Allergies

 Yes  No Epilepsy  Yes  No Hearing Difficulties

 Yes  No Heart Problems  Yes  No High/Low Blood Pressure

 Yes  No Breathing Problems  Yes  No Digestion Problems

 Yes  No Back and Neck Problems  Yes  No Joint Problems

 Yes  No Foot Problems

If yes was checked on any of these, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Emergency contact names, e-mail addresses, and telephone number(s) (Please submit at least one). When possible, periodic e-mails will be sent to these family members to update them while you are away on your trip.

|  |  |  |  |
| --- | --- | --- | --- |
| Name & Relationship | E-mail Address | Home Phone | Cell Phone |
|       |       |       |       |
|       |       |       |       |
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Beneficiary name(s):

Your date of birth (for insurance purposes): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email of family member if you want us to update them while you are away on your trip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Public Speaking Personal Evangelism/Witnessing

Preaching Teaching

Music Performance/Leadership Youth Leadership

News Writing Photography

Other Skills \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

 Church to which you belong: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Address of church: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Pastor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Service 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.

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. Further, 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 Web site ([http://travel.state.gov/travel/cis\_pa\_tw/cis/cis\_1765.html).](http://travel.state.gov/travel/cis_pa_tw/cis/cis_1765.html%29.%20) 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.

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

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

I whole-heartedly recommend \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (volunteer’s name) as sound in his/her faith and spiritually equipped to serve in this volunteer project.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Pastor) (Name of Church) (Date)

Thank you for completing this application. Please turn it into the church office at FBCMJ: 735 N. Mt. Juliet, TN 37122. Phone: (615) 754-2525. You will be contacted as soon as your application has been approved by our Review committee.

**This application must be submitted with a $50 non-refundable deposit with the exception of medical problems or a canceled trip on FBCMJ’s part.**

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