

# Cover Sheet for Mission Packet:

\*\*\*All paperwork must be filled out and turned in with a deposit to hold your spot on the trips.\*\*\*

## Timeline

## Checklist

### Leaders Only:

Mission Trip Information: Leader fills out and returns to Missions Office

List Fundraisers: dates, times, locations

### Everyone:

Liability Release Forms: must be filled out completely including Social Security Number, then notarized. This can normally be done during working hours 8 am – 4 pm Monday – Thursday at the church office

Passport: must be brought to office to scan in color

Mission Trip Participant Application: must be filled out completely, including beneficiary

Mission Trip Overview

Testimony

Trip Medical Questionnaire

Missions Reference Questionnaire

Enlist 2 Prayer Partners

Trips must be paid for 30 days before leaving. If you have donations from others please have them make the check to you. Please pay with one check to the church.

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**MISSION TRIP PARTICIPANT PACKET**  
**TRIP SPECIFIC**

Dear Participant,

Welcome to the world of North American and International missions at FBC, Cleveland! We take seriously our Lord's Great Commission in Matthew and His Great Challenge in Acts of being witnesses and making disciples at home and to the uttermost parts of our world. Regardless of the specific tasks on any given trip, and the logistical challenges associated with those trips, our ultimate goal as a "People of Grace and a Place of Hope" is that God might see fit to use us to "become all things to all people that by all means we might save some." We want to be sensitive to different cultures and attempt to share a clear Gospel message so that people might understand and accept the claims of Christ. All mission trips we take allow us to participate in some portion of the cycle of "planting, watering, and/or harvesting" souls for God's Kingdom!

This packet of information we are asking you to complete is indeed "bulky", but we also believe it is very important in order to allow our mission efforts to be the most effective. Please take the time to complete all the forms in a timely manner and under the Lord's leadership. We are not questioning anything about your life, but want to assist you in communicating how the Lord is speaking to you about this trip and His work in your life.

All of our North American and international trips are coordinated in advance by our church's mission leadership team based on the strategic priorities that have been adopted by our church. Your key role and opportunity as a team member is to lead one of these teams so that our resources, partnerships, and focus will lead to the completion of the Great Commission. God wants to use YOU and your team in a mighty way!

We want to help you be the most effective Team Member you can be so you can see spiritual growth in your life, the lives of your team members, and ultimately in the lives of those you are going to serve. Missions is discipleship. Missions is evangelism. Missions is going where the Gospel is not. Mission is a lifestyle of purpose and passion. We want to enable you to fulfill your ministry and mission, and lead others to do the same!

Thank you for accepting this awesome responsibility and may God bless you on your adventure.

In Christ,

Allan Lockerman – Senior Pastor

Jim Gibson – Senior Executive Pastor

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--Team Leader

**THIS PACKET MUST BE COMPLETED AND RETURNED TO YOUR TEAM LEADER.**

## Mission Trip Overview

Where are we going? \_\_\_\_\_  
When are we going? \_\_\_\_\_ Returning \_\_\_\_\_  
Why are we going? \_\_\_\_\_  
What is the mission task? \_\_\_\_\_  
Who is the team leader? \_\_\_\_\_ email address \_\_\_\_\_  
telephone number \_\_\_\_\_

## General Information

Several decisions have to be made in advance of becoming a mission's team member. Here are some specifics related to this particular trip.

### Dates and Times:

The dates and times outlined are critical for our team, our church, and our field contacts. If you cannot meet these very doable dates you need to ask yourself, and discuss with the team leader, if this is the trip you should be going on or would there be a better time and trip. One person's negligence cannot be allowed to jeopardize the entire team schedule. Not being a good team member at home could indicate how one would respond on the trip.

### Trip Costs:

The approximate total cost for this trip is \_\_\_\_\_ per person. This includes your ticket price, trip insurance, in country transportation if applicable, approximate lodging, approximate food costs, and a miscellaneous amount of \$25.00. Many things are variable and the trip leader should be able to cover the costs of these but it should be understood that the participant will be responsible for their share of the costs.

### First Baptist Participation:

**After the initial deposit and the first payment, which covers the cost of your airline ticket and insurance \$ \_\_\_\_\_, tickets will be purchased. After the final payment, FBC will contribute on this date \_\_\_\_\_.**

First Baptist will pay \$ \_\_\_\_\_ of your trip costs when funds are available. To receive these funds you must be, and have been, an active FBC member or an active and enrolled FBC Connect Group member in good standing for the past 90 days. Upon completion and submittal of your Mission Trip Application you will be notified by the team leader if you do not qualify. Informational help concerning funding your trip follows.

### Dates of critical importance for this particular trip:

\_\_\_\_\_ **Attend the trip Interest Meeting.**

\_\_\_\_\_ **Team Meeting 1**--Submit your trip application form, Pay a \$200 non-refundable application deposit, and Present your passport showing an expiration date no earlier than six (6) months after the trip return date. If you do not have your passport yet bring a copy of the application you submitted. Special Note---We normally purchase tickets 60 days in advance of the trip and you must have a passport by then or you will be, because of airline requirements for a passport number, be dropped from the trip.

In order to have readily available **color signed** copies of your passport should there be a problem in the field, we will make 3 hard copies as well as scan these into our church computers **in order to have them in color.** We

will provide one copy for you, 1 copy for your family and 1 copy for the team leader.

\_\_\_\_\_ You will need to have submitted the completed trip packet that follows TO YOUR TEAM LEADER, including the notarized waiver form, the background clearance permission form, and your emergency contact form.

\_\_\_\_\_ Team Meeting 2-- \_\_\_\_\_% (\$ \_\_\_\_\_) of your trip costs must be paid. These should be given to YOUR TRIP LEADER.

You must have completed Missions 101 classes or have completed the questions in the \_\_\_\_\_ book and have given it to your team leader.

Submit to your trip leader the names of at least 5 prayer partners who have agreed to pray for you and the team in advance of, and during, the trip.

### **Funding Your Mission Trip for Participants**

There are many facets to funding a mission trip. It is the desire of First Baptist Church of Cleveland to assist its members with spreading the gospel of Jesus Christ throughout the world and when funds are available they will be utilized for this purpose. Each team member is responsible for the amount of money needed to fund the total cost of the trip less the church participation for active members of \_\_\_\_\_ for this particular trip to \_\_\_\_\_. After the entire cost of the trip has been determined, your individual needs must be evaluated. There are two primary avenues for funding trips, Personal and Outside Sources. (The amount of funding assistance has been determined by the funds available and the classification of your trip by the Co-Pastor and Missions Leadership.)

1. ***Personal Funding from the team member*** – Each member of the mission team should commit to paying his or her own way. This is simply good stewardship and it adds a sense of ownership for the person who is actually participating. There is also a biblical principle attached to this concept. King David said “.....I will not sacrifice to the Lord my God burnt offerings that cost me nothing” (2 Samuel 24:24) Making a personal financial sacrifice to the mission trip is part of stepping out on faith to the Lord. Our faith is strengthened as we trust the Lord and do our part. The deposits due early in the trip process are considered a baseline for personal giving where possible. (NOTE) Non First Baptist Church members are responsible for 100% of their costs, including background checks.

**First Baptist active members traveling independently or with another church on a mission trip may also request assistance with their expenses.**

These individuals will need to **obtain a non-church sponsored participant request form** from the mission’s office or download it from the church website, provide the requested information and return the completed packet to the missions office for approval. To help meet the mission needs of the church, it is necessary that requests for funding be submitted at least 3 months, but preferably 6 months, before a trip is advertised, including a requested date the funds will be needed and where applicable, the name and address of the group where the check should be sent. This is required to review the allocated mission trip funds and assist as many members as possible in their mission’s experience. These funds will not be disbursed to a team member to use for other personal expenses.

Should a church member have a desire to participate in more than one mission trip in a calendar year, the request for additional funds, if available, will be reviewed by the mission’s leadership and co-pastor

2. **Funding from other sources** – this includes soliciting of funds from friends and family for team members. Great care and sensitivity must be used in this effort. Communication, accountability, and the process in receiving such gifts are all very important issues for the entire mission team. Since First Baptist assists its members with funding, you are discouraged from requesting funds from members and are asked not to approach Sunday school classes and/or other groups to help with *individual* funding. (The church not only assists with direct funding but covers the cost of background checks and other administrative expenses necessary to put together a trip.)

If the team is in need of items to be given to the people it is ministering to, this will be requested and coordinated by your team leader.

Your team may desire to host a dinner or other event to benefit team members. Your team leader will submit the entire event details and budget for these type events. They must be received in the mission’s office at least 6 weeks in advance of the event, approved by a Co-Pastor and go through the calendaring process as set forth by the church. The funds collected will be divided equally among the team members who chose to participate in implementing the event.

***Because of IRS regulations, contributions by anyone, including the member, their family, or friends, for an individual to attend a mission trip are not tax deductible to the contributor through the church. If a trip is funded through another organization, contributions made to that organization to be applied to the specific trip may be tax deductible but this would have to be determined between you and that organization.***

Each individual must contact their tax preparer regarding their specific tax situation if there is a question. No trip payments handled through First Baptist Church will appear on a contribution statement.

**Reference IRS Letter Ruling 200530016 (2005)-Key Point—“Direct contributions to missionaries or any other individual are not tax-deductible, even if they are used for religious or charitable purposes.**

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**I understand that I am giving a \$200 non-refundable deposit to First Baptist Cleveland as my commitment to become a Mission Team Member.**

I am claiming full responsibility of the total purchase price of my airline ticket and trip insurance should I not be able to make the trip for any reason. The tickets are non-refundable and non-transferable but can normally be used by the ticket holder for up to one year with a penalty. Airline policies will prevail.

I have read and understand the estimated costs of the trip and the amount of FBC participation if applicable.

Trip Cancellation insurance may also be purchased individually.

Information is available from your team leader upon request. The approximate cost of cancellation and medical evacuation insurance for this trip is \_\_\_\_\_ per person.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent (if above is a minor)

\_\_\_\_\_  
Date

# Mission Trip Participant Application

Today's Date: \_\_\_\_\_

## PLEASE PRINT

Legal Name: \_\_\_\_\_

As on your Passport.

Gender: Male / Female

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

City: \_\_\_\_\_

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

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

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

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

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

Birth Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month / Day / Year

Birthplace: \_\_\_\_\_  
State, Country

Are you a member of First Baptist Cleveland?  
Yes / NO

If not, where is your membership?  
\_\_\_\_\_

If not, where? \_\_\_\_\_

Marital Status: Married \ Single

Spouse's Name: \_\_\_\_\_

Will spouse be traveling with you? Yes \ No  
(Spouse must complete a separate application)

Occupation: \_\_\_\_\_  
(If retired, please give former position:  
\_\_\_\_\_

and check here) \_\_\_\_\_

Passport # \_\_\_\_\_

Name on Passport: \_\_\_\_\_  
Must match your Legal Name

**Name on Passport and Airline ticket MUST match!**

Expiration Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

Scanned into computer color passport? Yes / No

Are you a U.S. Citizen? Yes / No

If no, where \_\_\_\_\_

## U.S. EMERGENCY CONTACT FORM

As part of our service to you and your team, we are set up to provide assistance in case of emergencies. To expedite communication and flow of resources and to help you prevent and handle potential problems and emergencies, we need to following information.

Name: \_\_\_\_\_

Relationship to Participant:  
\_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_

E-mail address (Personal only):  
\_\_\_\_\_

What is the best way to contact this person?  
\_\_\_\_\_

## For insurance purposes, please list your Beneficiary and Relationship:

Beneficiary \_\_\_\_\_

Relationship \_\_\_\_\_

**All Information is correct. Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

## **Please attach your testimony**

### **(Your salvation experience)**

1. Is this your first International mission trip? If not, what mission trips have you been on?
  
2. What new ministries at First Baptist Cleveland have you been involved in since your first Mission trip?
  
3. What Sunday school class, Bible study, or Small Group are you currently participating in?
  
4. How often do you attend church?  

Less than twice a month          Twice a month          More than twice a month
  
5. What is your church current affiliation? (Please include the name and phone number of a church Staff member who knows you well.)
  
6. How (or from whom) did you learn of this mission trip?
  
7. Comment on your willingness and ability to help serve the team in any way you can.
  
8. How well do you deal with uncertainty and change?
  - A. How well would you rate yourself in flexibility and adaptability?
  
  - B. How well do you take instruction?
  
  - C. Would you be willing to forego personal preferences to honor the culture in which you are going?

9. Describe your cross-cultural living, training and /or travel experiences. What did you learn? What types of difficulties did you experience?

10. Briefly describe any major life changes you have gone through in the past year (e.g. job or Family changes, illness, injury, death of a relative or close friend, etc.)

11. What is your motivation for going on a mission trip or why do you want to go?

12. How do you know God has called you to participate in a mission trip?

13. I plan to:

\_\_\_\_\_ Pay my own way

\_\_\_\_\_ Pay part of my way and trusting God to provide the balance

\_\_\_\_\_ I will need God to provide all of the finances

\_\_\_\_\_ I need help learning how to develop my financial support team

14. Please describe your:

A. Strengths

B. Ministry gifts or skills

C. Spiritual gifts

15. Please describe your weaknesses or areas in which you desire growth.



16. Describe your personal devotional habits (i.e.).
  
17. Describe your growth and involvement in intercessory prayer.
  
18. Describe your personal knowledge of and interest in the focus of this trip.
  
19. How does each of your immediate family members feel about you applying and/or going on a Mission trip?
  
20. Have you ever been denied a visa (a request for permission to enter a country) or had a visa revoked? If yes, for which country and what were the circumstances?
  
21. Please check here (  ) if you desire to discuss questions 22 & 23 with a pastor first before replying. If you checked the box, please indicate the date when we can expect to hear from Either you or that Pastor: \_\_\_\_\_.

Please note: Any positive answers to these questions do not necessarily disqualify you.  
All responses will be kept strictly confidential.

22. Have you had any pre-marital or extra-marital (i.e. immoral) affairs in the last year?
  
23. Do you regularly use or are you addicted to any substances, illegal, or otherwise (i.e. tobacco Products, alcohol, drugs)?
  
24. Explain any difficulties you may have working with Christians who have doctrinal viewpoints Different from your own.
  
25. Suppose you felt the leading of the Holy Spirit to take a direction or to act differently than what your Team Leader instructs. How would you handle this?

26. I have read and am in agreement with the Baptist Faith and Message 2000 statement of the Southern Baptist convention. \_\_\_\_\_ Agree \_\_\_\_\_ Disagree

If not, please explain any areas of disagreement:

27. Please list any questions you would like answered:

28. I agree to abstain from the use of tobacco products, alcoholic beverages, illegal drugs, and any other behavior that would hinder Christian ministry. I agree that no purchase of alcohol products, tobacco products or illegal drugs will be permitted even if the sole purchase of the product is to be used as a souvenir. I understand that the breach of this contract will be cause for dismissal from the volunteer project and return home at my own expense.

\_\_\_\_\_ Agree \_\_\_\_\_ Disagree

Thank you for applying for this mission trip! Keep in mind that final selection of team members is made in accordance with our church's mission trip policies and procedures. That is, members are ultimately approved by the Missions Office and the Trip Leader based on this application, objectives of the trip, and skills/gift mix. Please return to your TRIP LEADER

Signature \_\_\_\_\_

Date \_\_\_\_\_



# TRIP MEDICAL QUESTIONNAIRE

PLEASE READ CAREFULLY

Volunteer projects can be extremely strenuous and stressful. They may include long train or bus rides of 10 and 20 hours in duration. Travelers are almost always required to carry their own luggage. Rest rooms are not always readily accessible. The food is high in fat, carbohydrate, and sodium content, Fruits and vegetables may not be available. The housing and meeting rooms may not have air conditioning and may not have adequate heating. There can be a considerable amount of walking between the housing and meeting locations in addition to climbing many flights of stairs in meeting halls or hotels. During the winter months, walking may be on snow-covered or ice-covered walkways and stairs. On the other hand, the summer months in much of the world are very hot and this might affect your overall strength and energy. The air quality is poor in many locations.

All of these factors may aggravate certain health conditions and the medical facilities in most countries where we travel may provide inadequate care. We may request a medical release statement from your doctor.

Height\_\_\_\_\_

Weight\_\_\_\_\_

Blood Type, if known\_\_\_\_\_

Do you have any physical condition that may limit your ability to perform the ministry for which you have applied under the conditions described above? (i.e., have you experienced any knee or back problems?)

No Yes If yes, please explain:

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

Do you have any existing medical condition that may require extended medical treatment or surgery in the future?

No Yes If yes, please explain:

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

Have you had any surgery or major health problems in the past 2 years? No Yes If yes, please explain:

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

Are you currently taking or do you regularly take any medications? No Yes

If yes, please explain and indicate which prescription are and which are non-prescription:

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

Are you currently under doctor's care or have you been in the past year? No Yes If yes, please explain:

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

Do you have any special dietary needs? No Yes If yes, please explain:

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

Please summarize your health. Do you place any limits on yourself to avoid physical or medical problems? (Any hearing, vision, mobility limitations?) If more space is needed, please attach a typed summarization.

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

**Participant or Legal Representative Signature**\_\_\_\_\_

**FIRST BAPTIST CHURCH, INC., CLEVELAND, TENNESSEE  
 PARTICIPANT’S, Parents or Legal Representative’s LIABILITY RELEASE AGREEMENT FOR  
 MISSION AND OTHER CHURCH RELATED ACTIVITIES**

Participant’s Name (print name)	Date of Birth
Participant’s, Parent or Legal Representative	Indicate Which Applies
Street Address	Telephone Number
City	State
	Zip Code

The undersigned adult participant (the “Participant”), parent or legal representative of the participant, hereby represents and warrants that he/she is above the age of eighteen (18) years and states that he/she desires to participate in or allow their child or a child under their legal responsibility to participate in certain mission trips or any other activities relating to or specifically hosted by First Baptist Church, Inc., Cleveland, hereinafter referred to as The Church or the Releasee .

The Church and the Participant, parent or legal representative of the participant, agree that the Activity may pose certain potential risks including, without limitation, the following specifies risks: personal injury or death, or injury to property, due to sickness, accident, crime, political instability, governmental opposition to missions activities, as well as other similar and dissimilar risks (herein the “Risks”).

This waiver will have **no expiration** date except for children under 18 who will have to personally sign a new waiver upon or after their 18<sup>th</sup> birthday.

In consideration of the Church’s assistance in scheduling and arranging the Activity and the Church’s grant of its consent to the participant in the Activity, and for other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the Participant, parent or legal representative of the Participant on behalf of himself/herself and on behalf of Participant’s personal and legal representatives, heirs, distributes, next of kin, agents, executors, successors and assigns (herein the “Releasors”) hereby **IRREVOCABLY AND UNCONDITIONALLY RELEASE, ACQUITS, FOREVER DISCHARGES, AGREES TO HOLD HARMLESS AND COVENANTS NOT TO SUE** the Church and its officers, members, employees, volunteer workers, agents, representatives, successors, and assigns (herein collectively the “Releases”) for, from, and against any and all rights, claims, demands, damages, liabilities, actions, and causes of action of any nature now or hereafter existing, whether accrued or unaccrued, known or unknown, fixed or contingent, legal or equitable that Releasors may have or claim to have against the Releasees for any reason including, but not limited to, all claims or liabilities in any manner relating to personal or bodily injury to or death of the Participant, or injury to the property of the participant, while participating in the Activity, whether caused by the negligent acts or omissions of Releasees or any other person or entity while the Participant is participating in the Activity.

The Participant, acknowledges and agrees that he/she is fully aware of the Risks and other hazards inherent in the Activity, and voluntarily assumes the Risks and all other risks of loss, damage, or injury that may be sustained by the Participant while participating in the Activity. **NEVERTHELESS, THE PARTICIPANT**, parent or legal representative of the participant, **VOLUNTARILY ELECTS TO ASSUME AND ACCEPT ALL RISKS** connected with the Participant’s participation in the Activity.

The Participant, parent or legal representative of the participant, further agrees that he/she bears the sole responsibility for any and all medical expenses, whether for injury or illness, which the Participant incurs while participating in the Activity or otherwise. The Participant, parent or legal representative of the participant, acknowledges that Releasees are under no obligation to, and do not, provide medical insurance or any other types of insurance for the Participant.

**THE PARTICIPANT**, parent or legal representative of the participant, **HEREBY AGREES TO INDEMNIFY, DEFEND AND HOLD RELEASEES HARMLESS** form any claim, judgment, loss, liability damage or costs, including reasonable attorney’s fees and expenses, which may be brought by any person which is due to any act or omission arising out of the Participant’s participation in the Activities.

The Participant, parent or legal representative of the participant, represents and warrants that he/she has fully read and

understands this Liability Release Agreement, understands that it is a release of all claims, and agrees to the terms and conditions set forth above by voluntarily signing the same. The Participant, parent or legal representative of the participant, further agrees that no oral representations, statements or inducements apart from the foregoing written agreement have been made to the Participant, parent or legal representative of the participant, and that the Participant, parent or legal representative of the participant, assumes all risks of injury and/or damage which may result from participation in the Activity.

**IN WITNESS WHEREOF**, the Participant, parent or legal representative of the participant, has executed this Liability Release Agreement effective as of the \_\_\_\_\_ Day of \_\_\_\_\_, 20\_\_\_\_.

**Adults, 18 and over.**

**By your signature, at the bottom of the form, you are agreeing to allow First Baptist Church and it's agents to conduct a criminal background check. Social Security Number is Required.** \_\_\_\_\_

**MEDICAL INSURANCE INFORMATION**

**INSURANCE COMPANY/POLICY HOLDER:** \_\_\_\_\_

**POLICY #:** \_\_\_\_\_ *Give Father & Mother's Name Only If You Are under 18.*

**FATHER'S NAME:** \_\_\_\_\_ **CONTACT PHONE #** \_\_\_\_\_

**MOTHER'S NAME:** \_\_\_\_\_ **CONTACT PHONE #** \_\_\_\_\_

**ADDITIONAL EMERGENCY CONTACT:**

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

**PHONE #:** \_\_\_\_\_

**DOCTOR'S NAME:** \_\_\_\_\_ **CONTACT PHONE #** \_\_\_\_\_

**MEDICATIONS CURRENTLY TAKEN BY THE APPLICANT ALONG WITH DOSAGE INSTRUCTIONS AND ANY ALLERGIES FOR THIS APPLICANT MUST BE LISTED BELOW.**

**MEDICATIONS & DOSAGE INSTRUCTIONS:** \_\_\_\_\_

\_\_\_\_\_

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

**PARTICIPANT**, parent or legal representative of the participant

\_\_\_\_\_  
(Print name of Participant)

\_\_\_\_\_  
Signature of Participant, parent or legal representative of the participant

\_\_\_\_\_  
Signature of Participant

STATE OF TENNESSEE )

COUNTY OF BRADLEY )

Before me, the undersigned, a Notary Public in and for the state and county aforesaid, personally appeared \_\_\_\_\_ (the above-referenced Participant, parent or legal representative of the participant ), with whom I am personally acquainted (or proved to me on the basis of satisfactory evident), and who acknowledge that he/she executed the foregoing instrument for the purposed therein contained.

Witness my hand and seal, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
Notary Public

## MISSIONS REFERENCE QUESTIONNAIRE

For a Pastor or Christian Leader who know you well.  
Please use additional paper when necessary and refer to the number being answered.  
Thank you for returning this confidential reference within 7 days.

\_\_\_\_\_ has applied to take part in a mission trip with First Baptist Church, Cleveland. This mission trip will take them to an international location in order to minister to people's needs and share the gospel. The participant will likely confront stressful situations both because of cross-cultural transition and because of team dynamics. For this reason, your honest evaluation will help us accurately assess this applicant.

Please mail or fax this referral within seven (7) days to the address below. Your reply will be held in strict confidence.

1. Your name and position or profession:

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2. Address and phone:

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3. How long have you known the applicant? In what type of relationship?

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4. How have you seen the applicant grow spiritually?

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5. Have you observed the applicant's ability to relate with people? Try to comment on the applicant's relational style, congeniality, cooperation, and potential for conflict.

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6. How does the applicant relate with people in leadership over him/her? Is he/she teachable and willing to follow instructions?

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7. How have you seen the applicant demonstrate positive or negative influence on a group?

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8. If this applicant is selected for the team, what training, development and individual care will he or she require?

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9. Please rate the applicant from 1 to 5 in the following areas with 1 representing “does not describe the applicant” and 5 representing “describes the applicant perfectly”.

- |                       |   |
|-----------------------|---|
| _____ Resourceful     | _____ Adapts easily to changing circumstances |
| _____ Self-motivated  | _____ Easily makes friends                    |
| _____ Responsible     | _____ Attentive to detail                     |
| _____ Careful         | _____ Expresses his/her thoughts well         |
| _____ Knows Scripture | _____ Expresses his/her/ feelings well        |

10. What strengths or gifts will this applicant bring to the team?

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11. What special contributions do you think this applicant can make to a cross-cultural missions effort?

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Please give further information about the applicant (family background, education, experiences...) which you would want to know if you were leading him or her on a short-term project.

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

*Thank you for your time and assistance! If you have any questions, please note them below.*

Please return this form within 7 days to:

Missions Office  
First Baptist Church  
PO Box 2368  
Cleveland, TN 37320  
Fax 423-709-9168  
E-Mail [tholt@clevelandfbc.com](mailto:tholt@clevelandfbc.com)