

Cover Sheet for Updating 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:

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

Mission Trip Overview

Trip Medical 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.

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, 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

--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.

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?

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

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: _____

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 _____ (In case of emergency on trip)

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 medicines are prescription 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 _____



Health Questionnaire for ages 65-80

**Prior to completing this health questionnaire, please note that failure to disclose material information (i.e. information that would influence the acceptance of the risk and/or terms applied) could void insurance policy. If you are in doubt as to whether any information is material, it should be disclosed.*

Name: _____ Height: _____ Weight: _____ Date of Birth: ____/____/_____

Primary Care Physician: _____ Office Number: _____ Occupation: _____

Circle YES or NO as appropriate. Please include details for all yes responses.

1. Does the person to be insured have any **PAST** or **PRESENT** medical history?.....YES or NO

2. Have any surgical history? (Including all minor and/or outpatient procedures).....YES or NO

3. Take any medications on a daily basis? (Please list all medications and doses).....YES or NO

4. Have any known drug Allergies? (Please list below).....YES or NO

5. In the past 24 months have you sought medical attention for any illness or injury.....YES or NO

6. Have you been hospitalized within the past 24 months.....YES or NO

7. Drink Alcohol and/or Tobacco products daily?YES or NO

8. Have impaired vision and/or hearing?YES or NO

9. Have a **Pacemaker, defibrillator, or prosthetic device?**YES or NO

10. Has your request for any insurance (Accident, Medical, or Life) ever been denied or terminated.....YES or NO

11. At any time has your current insurer imposed special conditions or increased your premium.....YES or NO

DECLARATION: I declare to the best of my knowledge and belief the above statements and particulars are true and complete.

Signature: _____ Date: _____