

# MISSION JOURNEY APPLICATION

**\*\*\* PLEASE READ \*\*\***

One of the greatest joys we have in the Global Outreach Center for Missions is to help men and women of all ages and backgrounds fulfill a God-centered desire to participate on church sponsored mission journeys. The needs are great, and there are wonderful opportunities to serve locally, and in locations throughout North America and the world. In that we desire to send well trained personnel on each and every mission journey, the application process outlined below must be followed in its entirety, and is applicable for all current and prospective team members. Should you have any questions about the application process or any related topic, please contact Debbie Barton, Director of Missions, at 813-689-4229 ext. 324, or email her at [dbarton@bellshoals.com](mailto:dbarton@bellshoals.com).

NOTE: If there are more applicants approved for a mission journey than are needed we reserve the right to select applicants who have not yet participated on a mission team, or are viewed as more qualified based on skills that may be needed in the field (construction, for example). **We also reserve the right to deny participation on any mission team should the application process not be completed as noted below, or if an issue surfaces that cannot be resolved to our satisfaction prior to team departure.**

## Process

The following must be completed in full by all adults ages 18 and above:

1. This application form with *all* requested information provided submitted to the team leader or Missions Office.
2. A personal interview with the missions staff or the mission journey Team Leader.
3. A background check if one has not be completed in the last three calendar years.
4. Child Protection Training facilitated by the Team Leader/missions staff.

## Qualifications

Mission journey participation is open to all BSBC members in good standing. Adults from other Southern Baptist Churches may also apply; participation by non-Southern Baptists will be considered at the recommendation of the team leader. In all cases, BSBC members will be given first priority for placement on the team. Unless otherwise stated, participants must be 18 years of age at the time of the journey to participate without having a parent or guardian accompany them. Participation by minors is at the discretion of the field host and age limit guidelines may apply. In some cases, a minor may be given special permission to participate on a mission team without a parent or guardian also participating. Contact the pastor of missions for details as he must approve all such requests.

***Note: If at the time of travel you are 80 years of age or above, a doctors release for travel is required and must be given to your team leader no later than the second scheduled team meeting.***

## Responsibilities

Upon approval of the application process, it should be understood that all prospective team members will be fully responsible for the following:

1. To review, understand and comply with all BSBC policies and procedures regarding short term mission journeys as provided to each team member and covered during the pre-journey training meetings.
2. To attend all pre-journey team training meetings and complete all assignments given by the team leader(s).
3. To understand and consult with a physician concerning immunizations that may be required or recommended by the receiving agency (IMB or other). All journey related medications and/or immunizations are considered a personal expense.
4. To fully abstain from the use of alcohol, recreational drugs, and/or tobacco in any form, and the use of profane and/or inappropriate language during team preparation meetings, associated travel, and while on the field.
5. To be financially responsible for all journey costs submitting payments per the published schedule, and to fully adhere to the fundraising guidelines applicable to all team members.
6. To be flexible and willingly submit to the assigned team leader(s) and field host(s).
7. To allow the use of my image (photograph or video) for the purpose of reporting on and/or promoting the mission journey and missions ministry of Bell Shoals Baptist Church in print, video, or via the web.

**When you have completed your application in full, return it to your team leader or the Missions Office. Thank you!**

Full Name *(as it appears on your passport)* \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Sex: \_\_\_ Male \_\_\_ Female

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

Expiration Date: \_\_\_\_\_

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

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

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

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

Cell Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_

Email to use to communicate with you: \_\_\_\_\_

If married, spouse's name: \_\_\_\_\_

**Contact in case of emergency, and name of your beneficiary (required for supplemental insurance):**

**Emergency Contact:** \_\_\_\_\_

Relationship: \_\_\_\_\_

Primary Phone #: \_\_\_\_\_

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

**Beneficiary's Name:** \_\_\_\_\_

Relationship: \_\_\_\_\_

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

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

Beneficiary's Phone #: \_\_\_\_\_

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

**General information—please answer all questions in as much detail as is applicable.**

When did you make your profession of faith in Jesus Christ? \_\_\_\_\_

When were you baptized? \_\_\_\_\_

Was it by immersion? \_\_\_ Yes \_\_\_ No

Name of church of which you are a member if not BSBC: \_\_\_\_\_

If you have participated on one or more mission journeys in the past, please list the destination, year and ministry of each:

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

Please indicate below the skills, training, experience and/or spiritual gifts you have. Check all that apply.

**Ministry**

- \_\_\_ Bible Teacher
- \_\_\_ Evangelism
- \_\_\_ Children's Min.
- \_\_\_ Drama/Mime
- \_\_\_ Youth Ministry
- \_\_\_ Sports Ministry

**Health Care**

- \_\_\_ Physician
- \_\_\_ Dentist/Dental
- \_\_\_ Nurse
- \_\_\_ Optician
- \_\_\_ Pharmacists
- \_\_\_ Veterinarian

**Construction**

- \_\_\_ Carpentry
- \_\_\_ Electrical
- \_\_\_ Plumbing
- \_\_\_ Masonry
- \_\_\_ Tile/Flooring
- \_\_\_ Gen. Handiwork

**Business**

- \_\_\_ Accounting
- \_\_\_ Marketing
- \_\_\_ Manufacturing
- \_\_\_ Management
- \_\_\_ Computers
- \_\_\_ Graphic Arts

**Language Skills**

- \_\_\_ Spanish
- \_\_\_ Arabic
- \_\_\_ Other - List below
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Other: \_\_\_\_\_

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

**NOTE: Some journeys to mountain locations have teams working at altitudes above 8,500 feet. As such, all team members are required to purchase and use altitude sickness medication such as Diamox, or others as prescribed.**

Primary Physician's Name/Phone Number: \_\_\_\_\_

**Blood Type:**    \_\_\_O+    \_\_\_O-    \_\_\_A+    \_\_\_A-    \_\_\_B+    \_\_\_B-    \_\_\_AB+    \_\_\_AB-

Do you have any physical conditions that could limit your ability to perform the ministry of this particular mission journey?

\_\_\_ Yes    \_\_\_ No    If yes, please explain: \_\_\_\_\_

List any physical limitations you have had, or are currently experiencing, such as heart problems, fainting spells, diabetes, seizures, or migraines. Take special care to include those you may be susceptible to while traveling.

Are you currently under a doctor's care or have you been in the past two years?

\_\_\_ Yes    \_\_\_ No    If yes, please explain: \_\_\_\_\_

Have you had any surgery or major health problems in the last 2 years?

\_\_\_ Yes    \_\_\_ No    If yes, please explain: \_\_\_\_\_

Please check if you have any of the following medical conditions—check all that apply: \_\_\_ Allergies    \_\_\_ Arthritis

\_\_\_ Asthma    \_\_\_ Bleeding Disorder    \_\_\_ Chronic Anxiety    \_\_\_ Depression    \_\_\_ Diabetes    \_\_\_ Fibromyalgia

\_\_\_ Glaucoma    \_\_\_ Heart Disease    \_\_\_ Hypertension    \_\_\_ Hypoglycemia    \_\_\_ Migraines    \_\_\_ Seizures

\_\_\_ Other: \_\_\_\_\_

Is there anything the Team Leader or designated Medical Person needs to know about the above checked conditions in order to better assist in your comfort and care if needed while on a mission journey?

\_\_\_ Yes    \_\_\_ No    If yes, please explain: \_\_\_\_\_

List the prescription medication(s) you are currently taking and the dosage for each.

1) \_\_\_\_\_ 2) \_\_\_\_\_

3) \_\_\_\_\_ 4) \_\_\_\_\_

5) \_\_\_\_\_ 6) \_\_\_\_\_

List the over-the-counter/non-prescription medication(s) you are currently taking and the dosage for each.

1) \_\_\_\_\_ 2) \_\_\_\_\_

3) \_\_\_\_\_ 4) \_\_\_\_\_

Do you have any allergies to medicines, foods, insects or other items? Any special dietary or sleep needs/CPAP unit?

\_\_\_ Yes    \_\_\_ No    If yes, please explain: \_\_\_\_\_

**By entering my name in the box below, I affirm all information provided in this application is correct, give the BSBC Team Leader(s) permission to make medical decisions on my behalf in the event of a medical emergency if I am unable to do so, and give attending medical staff permission to share all information on my condition and or treatment with the Team Leader(s). Additionally, my name affirms that I have read and understand the process, qualifications and responsibilities of a valued team member and I agree to fully comply.**

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Name of parent or guardian required for a team member under 18 at the time of the journey.