

**"MISSION 2018" TRIP APPLICATION
TIZIMIN, YUCATAN, MEXICO
JANUARY 3-10, 2019**

This application is for Disciples of Christ Age 13-103 who attend Southern Baptist churches within the Central Valley Baptist Association. If you are an adult, your signature is required on Page 2, 6 and 7. If you are a youth, your signature is required on Page 2, and both of your parents must sign Page 9 & 11 in the presence of a witness. Pages 6, 7 and 8 are for adult applicants only. Pages 9, 11 and 12 are for youth applicants only.

When finished, please tear off the bottom sheet (Page 13 & 14) for your use, and return the remainder of the completed application no later than **September 21** to the church office at 910 R Street in Newman or by mail to:

**Missions Committee
First Baptist Church of Newman
Post Office Box 759
Newman, CA 95360**

**FOR INFORMATION: Carl Hughes (209) 604-1446 or Jo Dalton (209) 613-8497
or email questions to fbcnwmanmissions@gmail.com**

Date Application received: _____

Initials of person receiving application: _____

For All Applicants:

\$200 Deposit Received _____ check # _____ cash

Date Deposit Received _____ Initials of person receiving deposit: _____

OUR FLIGHT INFORMATION

Itinerary for January 3:

Flight 1198 from SFO to DFW departing at 6:00AM and arriving at 11:43AM
Flight 2684 from DFW to CUN departing at 12:50PM and arriving at 4:34PM

Itinerary for January 10:

Flight 515 from CUN to PHX departing at 5:05PM and arriving at 7:35PM
Flight 397 from PHX to SFO departing at 9:29PM and arriving at 10:29PM
It is a 2 hour 20 minute van ride from the Cancun Airport to the DCI compound in Tizimin

TEAM COVENANT

As a member of this team, I agree to:

1. Remember that I am representing Jesus Christ as well as First Baptist Church of Newman. I will model Jesus in my behavior and attitude.
2. Remember that I am a guest working at the invitation of my hosts. I will remember the missionary's prayer: "Where you lead me I will follow. What they feed me I will swallow."
3. Remember that we have come to learn, as well as to teach. I'll resist the temptation to inform our hosts about "how we do things." I'll be open to learning about other people's methods and ideas.
4. Respect the host's view of Christianity recognizing that Christianity has many faces throughout the world and that the purpose of this trip is to experience faith lived out in a new setting.
5. Develop and maintain a servant attitude toward all ministry partners/nationals and my teammates.
6. Respect my team leader(s) and their decisions.
7. Refrain from gossip.
8. Refrain from using personal electronic devices while working in missional activities.
9. Refrain from complaining. I know that travel can present numerous unexpected and undesired circumstances including homesickness, but the rewards of conquering such circumstances are innumerable. Instead of whining and complaining, I'll be creative and supportive.
10. Attend all team meetings before the trip as well as any follow-up meetings.
11. Make every effort to interact with all the members of the team.
12. Refrain from any activity that could be construed as romantic interest in a national or teammate.
13. Refrain from illegal drugs and abstain from consumption of alcoholic beverages or the use of tobacco while on this trip.
14. Refrain from teaching or the practice of any belief that would be contrary to the Word of God.
15. Remember that I can be sent home if I do not adhere to this Covenant or if my Team Leader believes it is in my best interest or that of the team.
16. Before signing this covenant, I have viewed the entire 18 minute YouTube video of last year's trip at <https://www.youtube.com/watch?v=Ds8NAka4zvg&t=200s>. If I am under 18 years of age, my parent or legal guardian has also viewed that video.

Signed: _____ Date: _____

PERSONAL DATA (Please print or type)

Legal Name _____

Passport Number _____ Expiration Date _____

Name As It Appears on Passport _____

Nickname _____

Address _____

Email Address _____ Cell Phone () _____

Home Phone () _____ Work Phone () _____

Please Indicate The Best Way To Reach You: _____

Place of Birth _____ Date of Birth _____ Age _____

U.S. Citizen? ____yes ____no

T-Shirt Size (circle) S M L XL XXL

Emergency Contact Person: Name and address

Phone Number () _____ Relationship: _____

Health Insurance: ____Yes ____No

Health Insurance Carrier, Group No. and Policy No. _____

Have you ever been on a mission trip before? ____yes ____no

Outline mission trips taken. Include how long you were on each trip, where you went, and what impact each trip had on your life (attach pages for more than one trip):

Trip Name: _____

Trip Date/Year: _____

Lessons Learned: _____

Education/Occupation:

State and describe present employment and any pertinent information regarding work experience related to mission vocational choices _____

Name of school you attend (if applicable) _____
Year in School _____

Major/Minor _____

Church Involvement

Current Church Membership _____ Length of Membership _____

Church You Currently Attend (if different) _____

Do You Attend On A Regular Basis? __Yes __No

Are you currently serving in a ministry at your church?
___Yes ___No

Describe the ministries in which you are currently serving.

Describe any ministries in which you have served within the past three years, but in which you are no longer serving and why you are no longer serving.

Are You Involved In a Small Group Bible Study
__Yes__No

Describe any small group bible studies in which you currently participate.

What Ministries/Organizations outside of your church are you involved in?

My health is _____excellent _____good _____fair _____poor

For each of the following please rank yourself on a 0-5 basis with "0" representing no skill whatsoever in that area, and "5" representing professional expertise in that area.

- _____ Carpentry
- _____ Nursing
- _____ Painting
- _____ Medical
- _____ Masonry/Carpentry
- _____ Dental
- _____ Roofing
- _____ Currently certified First Aid
- _____ Electrical
- _____ CPR
- _____ Plumbing
- _____ Therapy (physical, occupational, or other)
- _____ Computer Use on Social Media
- _____ Computer Use in Blogging
- _____ Musical Instrument #1 (_____)
- _____ Musical Instrument #2 (_____)
- _____ Story Telling
- _____ Accounting
- _____ Vocal Music
- _____ Basketball
- _____ Juggling
- _____ Baseball
- _____ Clowning
- _____ Soccer
- _____ Puppetry
- _____ Drama
- _____ Art
- _____ Spanish Language Fluency (written)
- _____ Spanish Language Fluency (spoken)
- _____ Spanish to English and English to Spanish Translation (spoken & written)
- _____ Crafts associated with VBS or Backyard Bible Camp
- _____ Teaching associated with VBS or Backyard Bible Camp
- _____ Assisting a teacher associated with VBS or Backyard Bible Camp

Please list below any special skills or talents God has gifted you with that are not among those listed above.

Please explain any special calling you have for missions, for this particular mission trip, and/or why you want to be a part of this *Mission 2018* Trip.

If you will be under 18 years of age at the time of this trip, please provide the names and phone numbers of two adults who will attest to your ability emotionally and mentally to be away from friends and family for a period of eight days and nights. _____

RELEASE, HOLD HARMLESS AND INDEMNITY FOR ADULT PARTICIPANTS

I, the undersigned, acknowledge that participating in the FBC Newman *Mission 2018* Trip to Tizimin, Yucatan, Mexico ("*Mission 2018* Trip") involves certain risks and that injury, death or other harm (including damage to property) could occur to me ("Injuries"). By participating in the Mission Trip, I hereby assume full responsibility for the risk of Injuries, whether caused by negligence or otherwise. I, on my own behalf and on behalf of my heirs, successors, assigns, executors and administrators, hereby **RELEASE AND HOLD HARMLESS AND AGREE TO INDEMNIFY** First Baptist Church of Newman, and its staff, volunteer leaders, members, employees, trustees, elders, deacons, and Mission Committee members (herein after collectively referred to as "FBC Newman") from and against any and all liability, claims, damages, causes of action, loss, costs and expenses (including, without limitation, attorney fees) for Injuries arising out of or connected with the *Mission 2018* Trip, including traveling to and from the location(s) of the *Mission 2018* Trip.

Signature of Participant: _____ Date: _____

Printed Name: _____

Witness Signature: _____ Date: _____

Printed Name of Witness: _____

WITHOUT THIS FORM WITH YOU AND SIGNED YOU WILL NOT BE ALLOWED TO PARTICIPATE

A copy of the signed form shall be filed with the FBC Newman Administrative Assistant prior to trip departure.

ADULT MEDICAL AUTHORIZATION (SIDE ONE)

If, while participating in the Mission Trip, I require emergency medical treatment, I hereby give my consent for any emergency medical care to be rendered as may be deemed necessary by any duly licensed physician or dentist. I hereby give my permission to First Baptist Church of Newman to obtain the emergency medical treatment at any hospital, clinic or other health care provider as may be deemed appropriate. In these circumstances, I hereby request and authorize any duly licensed physicians, dentists and staff, or other licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment as may be necessary, including but not limited to medical transport, hospital tests, injections, anesthesia, surgery and administration of prescription drugs. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes from any Medical Contacts provided by First Baptist Church of Newman. I agree to assume and pay for all costs of such emergency medical treatment.

Signature of Participant: _____ Date: _____

Printed Name: _____

Witness Signature: _____ Date: _____

Printed Name of Witness: _____

WITHOUT THIS FORM WITH YOU AND SIGNED YOU WILL NOT BE ALLOWED TO PARTICIPATE

A copy of the signed form shall be filed with the FBC Newman Administrative Assistant prior to trip departure.

ADULT MEDICAL AUTHORIZATION (SIDE TWO)

Participant's Name: _____ Date: _____

Address: _____

E-Mail: _____

Phone _____ Age: _____

Insurance Carrier: _____ Policy #: _____

Physician's Name: _____ Phone: _____

Will your medical insurance cover you out of the country? ____yes ____ no

Allergies: _____

Chronic Illnesses: _____

Medication(s) Currently Taking: _____

Are you subject to motion sickness? ____yes ____no

If subject to motion sickness, name of medication you will bring: _____

What medication(s) are you permitted to take for fever? _____

What medication(s) are you permitted to take for headache? _____

What medication(s) are you permitted to take for flu symptoms? _____

Physical Limitations (please list): _____

Blood type _____

Other Medical Information:

RELEASE, HOLD HARMLESS AND INDEMNITY FOR MINORS PARTICIPANTS

I, the undersigned, as parent or legal court appointed guardian of _____, a minor under the age of eighteen (18), ("Minor"), with full authority to act on behalf of Minor, do hereby agree and give my consent to the Minor participating in the programs and activities at First Baptist Church of Newman connected with the *Mission 2018* Trip to Tizimin, Yucatan, Mexico ("*Mission 2018* Trip"). I, on my own behalf and on behalf of Minor, acknowledge that such participation involves certain risks and that injuries, death or other harm (including damage to Minor's property) could occur to Minor ("Injuries"). By allowing Minor to participate in these programs and activities, I, on my own behalf and on behalf of Minor, hereby assume full responsibility for the risk of Injuries, whether caused by negligence or otherwise. I, on my Minor's and my own behalf and on behalf of my Minor's heirs, successors, assigns, executors and administrators, hereby RELEASE AND HOLD HARMLESS AND AGREE TO INDEMNIFY First Baptist Church of Newman, and its staff, volunteer leaders, members, employees, trustees, elders, deacons, and Mission Committee members (herein after collectively referred to as "FBC Newman") from and against any and all liability, claims, damages, causes of action, loss, costs and expenses (including, without limitation, attorney fees) for Injuries arising out of or connected with the *Mission 2018* Trip, including traveling to and from the location(s) of the *Mission 2018* Trip.

Signature of Participant's Father or Legal Guardian: _____ Date: _____

Printed Name: _____

Witness Signature: _____ Date: _____

Printed Name of Witness: _____

Signature of Participant's Mother or Legal Guardian: _____ Date: _____

Witness Signature: _____ Date: _____

Printed Name of Witness: _____

WITHOUT THIS FORM WITH YOU AND SIGNED YOU WILL NOT BE ALLOWED TO PARTICIPATE

A copy of the signed form shall be filed with the FBC Newman Administrative Assistant prior to trip departure.

THINGS TO KNOW

It is estimated that this mission trip will cost approximately \$1,000 per individual with most of that bourn by the Mission 2018 designated offering and the rest bourn by those going on the trip.

If you are NOT a member of FBC Newman or Templo Cristiano Bautista, you must submit this completed application and deposit of \$200 (one half of your share of \$400 toward the trip) by **September 21** before your application will be processed and reviewed. If not selected, your deposit will be refunded.

If you attend FBC Newman or Templo Cristiano Bautista, you must submit this completed application by **September 21** with a \$55 deposit of the \$110 that is your share of the cost of the trip in an offering envelope with "Mission Trip Deposit" marked clearly on the envelope and, if paying by check, on the memo line of your check.. If not selected, your deposit will be refunded.

Mission trips can be rewarding and life changing; however, they can also be stressful. Please consider factors in your personal life at this time including being away from your family that may distract and prohibit you from fully committing to the mission of the trip and adapting to unusual conditions.

Once accepted, team members are expected to attend all team meetings.

If you are unable to participate in your trip for any reason, the Missions Committee must receive cancellation notice as soon as possible. You may be responsible for the cost (\$279.00 + \$595.00) if an appropriate replacement cannot be found.

We are going to a very warm and humid climate. If you have physical limitations, please apply only if you are physically able to participate. Please make your team leader aware of these conditions.

Team members will be given information regarding passports and vaccination recommendations from the Mission Team Leaders. Passport and vaccination costs are not included in the trip costs and are the responsibility of the team member. Team members assume the responsibility and liability for their personal health decisions.

Additional information regarding the mission trip is available from the Mission Committee or by an email to fbnewmanmissions@gmail.com. Team meetings are designed to inform and prepare you for the mission trip.

A decision will be made by the team leaders as to whether team members will carry one or two checked bags. Be prepared to have your personal luggage in a carry on overhead piece of luggage and a backpack that can be stowed under your seat.

It is expected that the team will consist of 10-12 members with a primary purpose of bring the Gospel of Christ to the Mayan People and a secondary purpose of service to the Mayan People.

MINOR MEDICAL CONSENT AND AUTHORIZATION (SIDE ONE)

If, while participating in the Mission Trip, Minor requires emergency medical treatment, I hereby give my consent for any emergency medical care to be rendered Minor as may be deemed necessary by any duly licensed physician or dentist. I hereby give my permission to FBC Newman to obtain the emergency medical treatment at any hospital, clinic or other health care provider as may be deemed appropriate. In these circumstances, I hereby request and authorize any duly licenses physicians, dentists and staff, or other licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment as may be necessary, including but not limited to medical transport, hospital tests, injections, anesthesia, surgery and administration of prescription drugs. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes from any Medical Contacts provided by FBC Newman. I assume full responsibility for all medical expenses incurred as a result of such emergency medical treatment.

Signature of Participant's Father or Legal Guardian: _____ Date: _____

Printed Name: _____

Witness Signature: _____ Date: _____

Printed Name of Witness: _____

Signature of Participant's Mother or Legal Guardian: _____ Date: _____

Witness Signature: _____ Date: _____

Printed Name of Witness: _____

WITHOUT THIS FORM WITH YOU AND SIGNED YOU WILL NOT BE ALLOWED TO PARTICIPATE

A copy of the signed form shall be filed with the FBC Newman Administrative Assistant prior to trip departure.

MINOR MEDICAL AUTHORIZATION (SIDE TWO)

Minor Participant's Name: _____ Date: _____

Address: _____

E-Mail (parent): _____ Phone (parent) _____

E-Mail (youth): _____ Phone (youth) _____

_____ Age: _____ Grade _____ Birthdate: _____

Insurance Carrier: _____ Policy #: _____

Physician's Name: _____ Phone: _____

(Will your medical insurance cover you out of the country? _____yes _____ no

Allergies: _____

Chronic Illnesses: _____

Medication Currently Taking: _____

Physical Limitations (please list): _____

Blood type _____

Is minor subject to motion sickness? _____yes _____no

If subject to motion sickness, name of medication the minor will bring: _____

What medication(s) is the minor permitted to take for fever? _____

What medication(s) is the minor permitted to take for headache? _____

What medication(s) is the minor permitted to take for flu symptoms? _____

Other Medical Information:

YOUR COPY OF THINGS TO KNOW

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YOUR COPY OF TEAM COVENANT

As a member of this team, I agree to:

- 1 Remember that I am representing Jesus Christ as well as First Baptist Church of Newman. I will model Jesus in my behavior and attitude.
- 2 Remember that I am a guest working at the invitation of my hosts. I will remember the missionary's prayer: "Where you lead me I will follow. What they feed me I will swallow."
- 3 Remember that we have come to learn, as well as to teach. I'll resist the temptation to inform our hosts about "how we do things." I'll be open to learning about other people's methods and ideas.
- 4 Respect the host's view of Christianity recognizing that Christianity has many faces throughout the world and that the purpose of this trip is to experience faith lived out in a new setting.
- 5 Develop and maintain a servant attitude toward all ministry partners/nationals and my teammates.
6. Respect my team leader(s) and their decisions.
7. Refrain from gossip.
8. Refrain from using personal electronic devices while working in missional activities.
9. Refrain from complaining. I know that travel can present numerous unexpected and undesired circumstances including homesickness, but the rewards of conquering such circumstances are innumerable. Instead of whining and complaining, I'll be creative and supportive.
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Signed: _____ Date: _____