

TEAM MEMBER SELECTION

CRITERIA FOR TEAM MEMBER SELECTION

- All team members must have a testimony of salvation through Jesus Christ and be able to verbally express this testimony before the team leaves.
- Both Parents and/or Legal Guardians of minors (under 18 years of age) must sign and date a parent permission affidavit form and have it notarized. Both parents and/or Legal Guardians of minors (under 18 years of age) must sign the participation agreement.
- Team members must demonstrate willingness to complete any First Baptist Church Martin mission team training as prescribed by the team leader including all deadline dates.

APPLICATION FOR THE TEAM

- Team members must complete the First Baptist Church Martin team member application packet and submit it to the team leader by the prescribed dates.
- The Missions Minister or Team Leader may require interviews with potential team members in addition to the application.

TEAM MEMBER APPLICATION

(Completion of this form is required, but does not guarantee team membership)

Project's Location and Dates:

Sponsoring Organization: First Baptist Church Martin, 123 University Street, Martin, TN 38237

Team Leader:

PERSONAL INFORMATION

Name of Participant:

Gender: male Female

Address:

Phone Number:

Email:

Date of Birth:

Citizenship:

Country of Birth:

Marital Status: Single Married Divorced Engaged Widowed Annulled Divorced & Remarried

Spouse's Name:

Is your Spouse supportive of your participation in this project?

Name as it appears on Passport:

*If applied for please write your name as it will appear in passport

Passport Number:

Expiration Date:

Airline Frequent Flyer Number:

In ministering to people, we believe it is our responsibility to provide a safe, nurturing, and doctrinally sound environment. Please answer the following questions. Any special concerns can be discussed individually with the team leader.

Are you using ANY recreational drugs or other intoxicating substances without a doctor's prescription? Yes No
If so, please describe:

Have you ever been arrested/convicted of a crime?

If yes, please describe:

MEDICAL INFORMATION

Is sponsor authorized to approve medical treatment? Yes No

Is participant covered by personal/family medical insurance? Yes No

*Please attach a copy of your insurance card.

How would you describe your present Health? Excellent Good Average Poor

Please list any major illness you have had in the last FIVE years:

Are you currently under the care of a physician? Yes No

If yes, please explain:

Please list any medication you are currently taking:

Please list any allergies you have:

Please explain any physical challenges you may face on this mission trip:

EMERGENCY CONTACT

Telephone (Cell):

(Home):

PARTICIPATION AGREEMENT

(Please read carefully before signing)

By signing below, the participant (or parent/guardian if participant is a minor) acknowledges and accepts the risks of physical injury associated with participation in the Mission Project. Except for gross negligence on the part of the sponsor, the participant (or parent/guardian) accepts personal financial responsibility for any bodily or personal injury sustained during the activity. Further, the participant (or parent/guardian) promises to hold harmless the sponsoring organization and its representatives for any injury related to the activity. If a dispute over this agreement or any claim for damages arises, the participant (or parent/guardian) agrees to resolve the matter through a mutually acceptable arbitration process. The participant also understands that the deposit is non-refundable and he/she will be responsible for airline tickets purchased in his/her name upon cancellation. The training meetings for this mission project are critical for the spiritual unity and physical preparation of the entire team. The participant understands what he/she is committing to. If married, the participant also declares that he/she has clearly communicated to his/her spouse the details of this project and that his/her spouse is supportive of his/her participation. The participant declares they have read the Summary of Insurance Coverage for all International Mission Projects taken First Baptist Church Martin and understands his/her responsibilities regarding the processing of medical claims that occur on foreign mission trips. The participant commits to do his/her part in working with the mission department at First Baptist Church Martin to insure that all claims get processed in a timely manner.

Participant's Signature:

Parent/Guardian if participant is a minor:

Participants name (please print):

Date:

INVOLVEMENT

CHURCH MEMBERSHIP: First Baptist Church Martin

Other:

How long have you been a member?

Have you been baptized? Yes No

Are you an active regular member of a Sunday School class? Yes No

Name of your teacher:

How long have you been in that class?

Please list any responsibilities in SS leadership you have?

Has your SS class adopted any people group? Yes No
If yes, which one?

Have you been on a mission project? Yes No
If so, describe your experience:

What are your spiritual gifts?

How can you use your spiritual gifts on this trip?

Have you had training in personal evangelism? Yes No
If Yes, please explain:

When was the last time you witnessed to someone?

List the ministries with which you have been involved at your church, including time of involvement with any leadership positions held:

List the ministries with which you have been involved outside of your church, including time of involvement with any leadership positions held:

How would you describe your daily relationship with Jesus Christ?

TESTIMONY

Location and dates of the First Baptist Church Martin Mission Project you were involved in the past 2 years:

How was your life before coming to Jesus? (What got me interested in God?)

How and when did you come to know Jesus as your Savior?

How is your life now that you know Him?

In what areas of your life have you seen spiritual growth in the last month, year and 3 years?

Briefly describe why you see God calling you to participate on this trip?

What talents do you have that you would like to use on this trip?

What do you see as your role on this Ministry Team?

PARENT PERMISSION AFFIDAVIT FORM

In consideration for participating on the following First Baptist Church Martin short-term mission project:

I hereby give my son/daughter permission to travel to and from with First Baptist Church Martin and its representatives. I also authorize First Baptist Church Martin or its representatives to initiate any medically necessary care on my son/daughter's behalf in the event of my son/daughter's incapability to present themselves for such care and agree to be financially responsible to any care provider and authorize the release of any necessary medical or insurance related information pertinent to the circumstances.

Name of Participant:

Date: Signature:

If minor, all parent(s) and/or Legal Guardian(s) must sign:

Parent Name:

Date: Parent Signature:

Parent Name:

Date: Parent Signature:

Legal Guardian Name:

Date: Legal Guardian Signature:

State of Georgia County of :

Notary Public My Commission Expires:

123 University Street
Martin, TN 38237
Phone# 731-587-9555
Fax# 731-587-0782

