

Missions Volunteer Application

First Baptist Church, Monticello 413 N. Main St, Monticello, Arkansas 71655
(870) 367-3449

I am applying for (circle one):

Street Reach

Peru

Dates of Project: _____

Personal Information

Name _____ Date: _____
(**Exactly** as it appears on Driver's License or state-issued ID for domestic trips or as on Passport for international trips)

___ Male ___ Female Date of Birth _____ Age _____

Marital Status: Married Single Single (Dating) Separated Divorced Engaged Widowed

Present Address _____

City _____ State _____ Zip Code _____

Telephone numbers: Home _____ Cell _____

Work _____ Email _____

Passport number for international trips or DL number for all others _____

#of passport pages NOT stamped _____

Date of issue/expiration _____ / _____

Spouse's name: _____

Telephone# _____ Email _____

Names and ages of children still living in home _____

Medical Information

In case of emergency please notify:

Name _____ Relationship to you _____

Address _____ City _____ State _____ Zip Code _____

Telephone # Home _____

Cell _____

Email _____

How would you describe your health?

Excellent

Good

Average

Poor

Are you currently under the care of a physician Yes No Blood Type (if known)_____

If yes, please explain:

Please list all medications you are currently taking: _____

Please list **any** allergies you have (including animals, food, and plants)_____

Please list current inoculations and dates. You may attach a copy of your shot record if you wish. (i.e. Hepatitis A, Hepatitis B, Yellow Fever, Typhoid, Tetanus, etc.)_____

Health Insurance Provider_____

ID#_____ Group#_____

Name of Policy Holder_____ Employer_____

Name of Beneficiary_____ Relationship to you_____

Specific Mission Opportunity

Having understood the description of work on this project, please describe the work you hope to participate in with this team_____

Please list any special skills, talents or Christian service experience that you feel may be beneficial while on this trip_____

Church Involvement

Church Membership ___ First Baptist Church, Monticello
 ___ Other (name of church) _____

Is it a SBC Church _____ If not, what denomination? _____

Pastor's name _____ Email _____

What Sunday school class or small group do you attend? _____

How many times have you been in the past two months? _____

Please list the ministries with which you have been involved outside of your church. (Please include time of involvement and any leadership positions held) _____

For you to be best prepared for this mission trip, it is vital that you are regularly involved in the outreach programs of FBC, through specific team opportunities, both before and after your trip.

Are you willing to be involved all specific team opportunities; to give them **priority** in scheduling and honest participation? You will be notified during the first team meeting of these opportunities.

Yes No

Spiritual Life

You may attach these answers to another sheet of paper if you wish.

Please write your own salvation story including when you were baptized _____

Please explain the gospel in your own words _____

Please tell, in your own words, how a person becomes saved _____

How are you growing in your walk with Christ? (emphasizing your prayer life and Bible study/prayer life)? _____

Why do you want to go on this mission trip? _____

Notice*

1. Once your application has been received you will meet with the team leader of the specific trip(s) you are attending to answer any questions you or the leader may have.

2. Sky Miles will not be used on FBC group mission trips because they may cause arrival, departure and date adjustments at the last minute that are different from the team. The team schedule must take priority.

3. All mission trips require a criminal background check with an emphasis on sexual offenses. Once you have met with your team leader you will receive information regarding the specifics of your background check. Your application will not be processed until your background check has been completed.

4. Please be aware the airline tickets, once booked, cannot be cancelled. **If you are unable to keep your place on the mission team you will be responsible for paying FBC for the remaining balance of your airline ticket.**

5. I understand that my deposit is non-refundable under any circumstances.

I have, to the best of my ability, answered every question truthfully. I also agree to the above notifications.

Signature _____

Date _____

If participant is under 18:

Parent or legal guardian signature _____

Date _____

Please attach TWO color copies of your passport (for international trips) or TWO color copies of your state-issued photo ID [such as a driver's license] (for domestic trips) with this application. If you do not have these items, please talk to your mission team leader