

Ingleside

B a p t i s t C h u r c h

Mission Team Application

Ingleside Baptist Church
834 Wimbish Road
Macon, GA 31210
478.477.7251
www.ingleside.org

MISSION TEAM APPLICATION

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PERSONAL INFORMATION

Legal Name (as on passport): _____ Date: _____

Address: _____

City: _____ State: _____ Zip code: _____

Home: _____ Work: _____ Cell: _____

Place of Employment: _____

Job Title: _____ Email: _____ T-Shirt Size _____

Date of Birth: _____ Social Security Number: _____

Citizenship: _____ Country of Birth: _____

Passport Number _____ Date of Issue/Date of Expiration _____ / _____

Frequent Flyer Program and Number: _____

Male Female Marital Status (please check one): Single Married

Spouse's Name: _____ Names of Children: _____

EMERGENCY CONTACT INFORMATION

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home: _____ Work: _____ Cell: _____

Email: _____

REFERENCES

Please provide two references. One reference should be a church pastor or department director in a ministry in which you serve or have served. The other reference should be someone who knows your ministry abilities as well as your strengths and weaknesses.

*Name _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home: _____ Work: _____ Email: _____

*Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home: _____ Work: _____ Email: _____

MISSIONS TESTIMONY

Please explain briefly why you feel led to be involved with the Missions Program of Ingleside Baptist Church and what you hope to see the Lord do in and through you.

SALVATION TESTIMONY

In the space provided below, please share your salvation testimony. Include how long you have been a believer, how you were saved and describe your walk with the Lord at the present time.

S.H.A.P.E. FOR SERVICE

S.H.A.P.E. stands for spiritual gifts, heart, abilities, personality and experiences. God has uniquely made you for His glory. How might you be used on a mission team? Check all that apply.

Spiritual Gifting:

Administration	Discernment	Evangelism	Exhortation	Giving
Hospitality	Leadership	Mercy	Prophecy	Service
Teaching	Other_____		Other_____	

Interests:

Agriculture	Children's Ministry	Community Development
Construction	Church/Leadership Development	Communications/ Media Ministry
Creative Arts	Cultural Exchange	Deaf Ministry
Disaster Relief	ESL/EFL/English	Education
Evangelism	Ethnographic Research	Human Needs Ministry
Information Technology/ Computer Support	Literature Distribution	Medical Ministry
Prayerwalking	Sports/Recreation	University Ministry
Vision/Discovery	Youth Ministry	
Other:_____	Other:_____	

Abilities

Special Training/Courses/Classes/Foreign Languages:

Anything else you'd like to share about how God has shaped you:

TEAM EXPECTATIONS

The following statements represent attitudes and behaviors that will contribute to a successful, God-honoring mission trip:

1. Be prayerful, in the Word and dependent on the leadership of the Holy Spirit.
2. Be in attendance at all preparation and training meetings prior to the trip.
3. Be conscientious to serve with excellence and have a “whatever it takes” attitude.
4. Be humble and have a servant’s heart toward nationals, missionaries and teammates.
5. Be positive in my conversations and actions and open to other people’s methods and ideas.
6. Be submissive to the authority of my team leader and host missionaries.
7. Be inclusive in all relationships without communicating a romantic interest while on a trip.
8. Be respectful of the culture in which I serve.
9. Be thankful for the privilege of serving.
10. Be willing to abstain from the use of alcohol, tobacco or any other behavior that may be considered disruptive to the purpose of the trip. I understand that these behaviors are grounds for dismissal from any volunteer project and I will return home at my own expense.

I have read and affirm these attitudes.

Signature

Date

Printed Name

INTERNATIONAL MISSION TRIP RELEASE

I, _____, desire to visit foreign countries with Ingleside Baptist Church and participate in mission trips organized by the church. I release and forever discharge Ingleside Baptist, my church, and any other ministry/organization involved and each of the respective members, employees, officers, directors, and representatives from any and all claims for any and all injuries, illnesses, losses or damages I might have on or in any way relating to such mission trips, including without limitation, those relating to me leaving the United States of America and visiting foreign countries, including my stay in any such foreign country and my trip to and from any such country.

I further understand that such mission trips may expose me to unique hazards such as disease, dangerous environment and hostiles that might lead to serious illness, bodily injury, or death. I release and forever discharge Ingleside Baptist Church, my church, and any other ministry/organization involved and each of their respective members, employees, officers, directors, and representatives from any and all claims, including claims of negligence or gross negligence, for any and all injuries, illness, losses or damages I might have on or in any way relating to such mission trips.

I am eighteen (18) years of age or older, and the RELEASE is binding on me and my executor, administrators, and heirs.

I give Ingleside Baptist Church and its representatives with me on any such mission trip authority to request and authorize medical and/or hospital treatment for my benefit in the event of an injury or sickness sustained by me while on such mission trips, including, without limitation, while traveling to and from any foreign country. I agree to pay for all such treatment and to reimburse Ingleside Baptist Church for all costs and expenses incurred by it with respect to such treatment.

I have fully read the above and understand it.:

Signature

Date

Printed Name

ACKNOWLEDGEMENT

STATE OF: _____

COUNTY OF: _____

The foregoing RELEASE was acknowledged before me on this _____ day of _____, 20_____.

_____ personally appeared before me, whose identity I proved on the basis of _____.

(Notary Seal)

Notary Public

My Commission expires:

HEALTH INFORMATION FOR EMERGENCY PURPOSES

Information provided on this form will be kept in confidence and only accessed in case of emergency on a mission trip. After you complete this page, please put it in a sealed envelope with your name written on the outside and return it with your application.

Name: _____ Date _____

Do you have any particular health problems, diseases, or physical limitations? YES NO
If yes, please briefly describe your condition:

Have you had any serious illnesses in the last five years or been under the ongoing care of a doctor in the last year? YES NO
If yes, please describe:

Do you have any chronic allergies? YES NO
If yes, please list any allergies and how you typically treat them:

Are you allergic to any medications? YES NO
If yes, please list any medication allergies:

Please list ALL medications you take on a regular basis, including dosages and frequency:

Do you have health insurance? YES NO

Name of Company: _____

Policy Number:

Background Check Permission

Name _____ Date of Birth _____

Present Address _____ SS# _____

City _____ Zip _____ Marital Status* _____

Phone (evening) _____ Phone (day) _____ Maiden Name _____

How long at this address? _____ If less than five years, give previous address.

Address _____ City _____ State _____ Zip _____

Do you have a current driver's license? No Yes State _____

Drivers License Number _____

Have you ever been charged with, convicted of, or pled guilty to a felony or an offense involving a minor? No Yes, please describe _____

Were you a victim of abuse or molestation as a minor or as an adult? Yes No

(If you prefer, you may decline to answer this question, or you may discuss your answer in confidence with one of the ministers rather than answering on this form. Answering "yes" or leaving the question unanswered will not automatically disqualify you. When answering "yes," please be assured that one of our staff ministers will be contacting you for further private consultation.)

List all previous church work involving minors:

Church name _____

Address _____ City _____ State _____ Zip _____

Type of work performed _____ Dates _____ to _____

List all previous non-church work involving minors:

Organization	Address	Telephone Numbers
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Applicant's Statement

The information contained in this application is correct to the best of my knowledge. Should my application be accepted, I agree to be bound by the policies of this church and to refrain from unscriptural conduct in the performances of my services on behalf of the church. I hereby authorize any references or churches listed to give you any information, including opinions that they have regarding my character and fitness for mission trip participation. I authorize Ingleside Baptist church and/or its representatives to make necessary background checks including criminal or police records, driver's license records and any other record check needed.

Applicant's Signature _____ Date _____



Protect My Ministry
18946 N Dale Mabry Hwy, Ste 101
Lutz, FL 33548
tel: +1 800-319-5581
fax: +1 800-319-5582
www.protectmyministry.com

Georgia Criminal History Consent Form

I hereby authorize Protect My Ministry, to receive any CRIMINAL HISTORY record information pertaining to me, which may be in the files of the state or any local criminal justice agency within the state of Georgia.

Print complete name: Last, First, Middle

Any maiden names, or names used in the past

Street address

City, State, and Zip code

Date of Birth

Social Security Number

Sex and Race

Date of request

I _____ give consent to the above named to perform periodic criminal history background checks for the duration of my employment with this company/organization.

Signature _____