

MISSION TEAM APPLICATION

Ingleside Baptist Church

834 Wimbish Road

Macon, GA 31210

478.477.7251 fax 478.477.7256

www.ingleside.org

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: _____

Citizenship: _____ Country of Birth: _____

Please enclose a copy of your passport.

Frequent Flyer Program and Number: _____

☐ Male ☐ Female

Marital Status (please check one): ☐ Single ☐ Married

Spouse's Name: _____

Names of Children: _____

EMERGENCY CONTACT/BENEFICIARY INFORMATION

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home: _____ Work: _____ Cell: _____

Email: _____

Is your emergency contact also your beneficiary? Y ☐ N ☐ If not, who? _____

MISSIONS EXPERIENCE

Location

Mission Organization

Dates

Ministry

CHURCH INVOLVEMENT

Are you a member of Ingleside Baptist Church? Y N

If not, where are you a member? _____

How long have you been a member? _____

What ministries have you been involved with at church? Please include time of involvement and any leadership positions held.

COMMUNITY INVOLVEMENT

Location

Organization

Date

Ministry/Tasks

REFERENCES

Please provide three references. One reference should be a church pastor or department director in a ministry in which you serve or have served. The other references should be people who know your ministry abilities as well as your strengths and weaknesses. No family members should be listed.

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home: _____ Work: _____ Cell: _____

Email: _____

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home: _____ Work: _____ Cell: _____

Email: _____

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home: _____ Work: _____ Cell: _____

Email: _____

OFFICE USE ONLY

☐ References Contacted Date: _____

Notes:

SALVATION TESTIMONY

In the space provided, please share your salvation testimony. Include how and when you repented of your sin and initially trusted Jesus Christ as Lord and Savior of your life. Also, 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:

- | | | |
|---|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Administration | <input type="checkbox"/> Giving | <input type="checkbox"/> Service |
| <input type="checkbox"/> Discernment | <input type="checkbox"/> Hospitality | <input type="checkbox"/> Teaching |
| <input type="checkbox"/> Evangelism | <input type="checkbox"/> Leadership | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Exhortation | <input type="checkbox"/> Mercy | |

Heart/Interests:

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

Abilities:

Experiences/Special Training/Courses/Foreign Languages:

Anything else you would 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 Church, 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 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: _____
(in the presence of a notary)

Printed Name: _____

ACKNOWLEDGEMENT

STATE OF: _____
COUNTY OF: _____

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

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

(Notary Seal) Notary Public: _____ My commission expires: _____