

Ingleside missions



Student Mission Team Application

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

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: _____ Cell: _____

Passport #: _____

Phone: _____ Email: _____ T-Shirt Size _____

Date of Birth: _____

Citizenship: _____ Country of Birth: _____

Date of Issue/Date of Expiration _____ / _____

Frequent Flyer Program and Number: _____

Male Female

For international trips, please enclose a copy of your passport.

EMERGENCY CONTACT INFORMATION

Parent Name(s): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home: _____ Work: _____ Cell: _____

Email: _____

MISSIONS EXPERIENCE

Location

Mission Organization

Dates

Ministry

CHURCH INVOLVEMENT

Church Membership: Ingleside Baptist Church Other Church _____

How long have you been a member? _____ List the ministries with which you have been involved at your church, including time of involvement with any leadership positions held.

COMMUNITY INVOLVEMENT

List any ministries or organizations with which you have been involved outside of your church and include any leadership positions held.

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 conversations and actions and open to other people’s methods and ideas.
6. Be submissive to the authority of the 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.
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. These behaviors are grounds for dismissal from any volunteer project.

I have read and affirm these attitudes.

Signature

Date

Printed Name

MISSIONS MINISTRY RELEASE

I, _____, parent/guardian of _____ desire for my child to participate in local, national, or international mission activities with Ingleside Baptist 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 or my child might have on or in any way relating to such mission activities, training, or trips, including without limitation, those relating to me leaving the church property, the city of Macon, the state of Georgia, or the United States of America and visiting any location in the world, including my stay in any such location and my trip to and from any such location.

I further understand that such mission trips and activities 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 or activities.

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 or activity authority to request and authorize medical and/or hospital treatment for my child's benefit in the event of an injury or sickness sustained while doing such mission activities, including, without limitation, while traveling to and from any location. 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

Witness

Date

Witness

Date