



# Global Mission Journey

## Journey Covenant

Please complete both sides.

As a Mission Team Member, you are expected to conduct yourself according to the highest standards of integrity and morality. Agreeing to serve on a mission team means that you are agreeing to adhere and abide by the guidelines, policies and procedures of First Baptist Church Summit. Failure to follow these regulations will result in disciplinary action and possibly your dismissal from the mission field, in which case you will travel home at your own expense.

The following guidelines are meant to further the usefulness and safety of your mission trip. As a Mission Team Member you are expected to:

1. Give your testimony and share the Gospel of Jesus Christ.
2. Go as a servant-disciple of Jesus Christ and adopt that attitude when dealing with fellow team members and the people you meet during the trip.
3. Accept and submit to the leadership role and authority of the team leader and promise to abide by his or her decisions as they concern this mission trip.
4. Refrain from using tobacco, alcoholic beverages, or illegal drugs at any time during the mission trip.
5. Come home the same way you left. This includes body piercing, tattoos, etc.
6. Abstain from making derogatory comments or getting involved in arguments regarding people, politics, sports, religion, race or traditions.
7. Attend all team meetings, both prior to departure and during the mission trip.
8. Refrain from meddling, complaining, and using obscene or insensitive humor.
9. Adhere to the dress code established for the trip.
10. Make sure the group leader(s) knows where you are at all times. You should never wander off alone while on the mission field. You will not go off with a member of the opposite sex alone.
11. Understand that mission trips can be difficult, and promise to adopt a flexible attitude, as plans may need to be changed.
12. Interact with all members of your team, not just those members that you knew before your trip.
13. Fast from dating for the duration of the mission trip. Do not seek out romantic relationships with a team member, team leader, overseas worker, or national you might meet on your trip.
14. Refrain from giving gifts, such as money, clothes, jewelry, tape players, etc. Although the intent of the giver is good, the result after we leave can cause problems for our host, and jealousy amongst the nationals who do not receive such gifts. If you feel compelled to give a gift to someone you have met, consult first with the team leader or host before you promise or give the gift, and promise to let him or her make the final decision on this matter. This does not apply to the small fellowship tokens we may discuss and have approved before leaving home.
15. Act as a servant-disciple of the local pastor or missionary. Respect the advice you are given concerning attire, eating and drinking, and other such traditions that will help you to assimilate into the local community.
16. Refrain from any other behavior or activity that would hinder your ministry or the ministry of your team during the term of your service.

I have read and understand and agree to the above standards for conduct. I understand and agree that in the event that my conduct is considered so unsatisfactory that it jeopardizes the success of the trip, and that medication during the trip has failed to correct my behavior, that my services with the mission shall end and I shall return home immediately at my own expense.

\_\_\_\_\_  
Print Name of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
**Signature of Participant**

\_\_\_\_\_

\_\_\_\_\_  
Print Name of Parent of Guardian (if Participant is under age 18)

\_\_\_\_\_  
Date

\_\_\_\_\_  
**Signature of Parent of Guardian (if Participant is under age 18)**

\_\_\_\_\_



# Global Mission Journey

## Team Member Qualifications & Financial Agreement

As a First Baptist Church Summit Global Reach Team member, I agree to the following items of qualification and procedure:

- I am a baptized, born again believer in Jesus Christ and can clearly present the plan of salvation.
- I am a member of First Baptist Church Summit.
  - If not, I certify that I am a member of another Bible believing church and authorize First Baptist Church Summit Global Reach Office to obtain a letter of recommendation from my pastor certifying that I meet all these requirements.
- I will be at least 18 years old at the time of the trip.
  - If I will be 12-17 years old at the time of the trip, I must have completed a Legal Guardian Permission Form (must be notarized).
- I authorize First Baptist Summit to secure a Background Check for me.
- Participants must be able to physically perform the work required for the trip. This is important for the effectiveness, safety, and moral of the entire team.
- Each participant must be covered under a medical insurance plan outside the coverage provided by First Baptist Summit for international participants.
- I understand that I am expected to account for 100% of the costs of this mission trip. I also understand that scholarships are available from First Baptist Summit but it is my responsibility to apply for such using the required application form.
- I understand that any funds raised/donated for my trip in excess of cost are non-refundable and will be placed in the First Baptist Summit Global Missions Account.
- I understand that my deposit is non-refundable and non-transferable between trips.
- I understand I am responsible for the full cost of the airfare ticket once ordered even if I do not participate in the trip. The ticket is non-transferable and will be governed by the policies of the airline.
- I understand that funds for any other expenses that have already been paid are non-refundable and non-transferable between trips.
- I understand that I may not use my frequent flyer miles to purchase a ticket for this trip.

**I understand that submission of my application does not guarantee my participation in the trip.** My application is subject to review and approval by the team leader, the Missions Pastor, the Administrative Ministry Team, and/or the ministerial staff of First Baptist Summit.

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**Signature**

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Date

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**Parent's Signature (if participant under 18 years of age)**

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Date



# Global Mission Journey

## Personal Information Form

T-Shirt Size: \_\_\_\_\_

Journey to which you are applying: Destination \_\_\_\_\_

Date(s) \_\_\_\_\_

### Personal Information

Name as it appears on Government Issued I.D./Passport \_\_\_\_\_

Passport Number: \_\_\_\_\_

Beneficiary (for Short Term Insurance Policy purchased by FBC Summit on behalf of team members): \_\_\_\_\_

Relationship of Beneficiary to you: \_\_\_\_\_

Name you go by \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Email: \_\_\_\_\_ Social Security # \_\_\_\_\_

Driver's License # \_\_\_\_\_ Occupation \_\_\_\_\_

Employer \_\_\_\_\_ Last grade completed (student) \_\_\_\_\_

FBC Summit Member? Yes \_\_\_ No \_\_\_ Home Church \_\_\_\_\_

Sunday School Group Member? Yes \_\_\_ No \_\_\_ Group Leader Name: \_\_\_\_\_

Have you ever been on a mission journey before: Yes \_\_\_ No \_\_\_ If yes, where? \_\_\_\_\_

Briefly explain why you are applying to be a member of this team. \_\_\_\_\_

Briefly give your testimony \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Medical Release/Permission for Treatment/Assumption of Trip Costs

I grant permission to the team leader(s) in charge of the trip to make provisions for any medical care which may be deemed necessary, and make any other decisions or give any other consent which may be necessary, for my health or welfare at any time, whether in foreign or domestic territory, for the duration of the trip. I understand that should a health emergency arise, the emergency contact will be notified, but if they cannot be reached by phone, the leader(s) should act as my agent to consent to any treatment deemed advisable by a physician or medical personnel. I agree to be financially responsible to any care provider and authorize the release of necessary medical or insurance related information. I/we the undersigned, do hereby release, remit, and forever discharge all staff or team leaders, adult sponsors, and First Baptist Church Summit, Mississippi, from any and all claims, demands, actions or cause of action, past, present, or future arising out of any damage or injury while participating in the event. I/we the undersigned, understand that I am obligated to pay for any trip costs incurred by First Baptist Church, Summit, should I not be able to fulfill my travel commitment. This includes, but is not limited to, airfare, hotel, registration fees or other costs associated with the journey. I also understand that deposits are non-refundable following the published cancellation deadlines.

### Participation Agreement & Waiver

By signing below, the participant (or parent/guardian if participant is a minor) acknowledges and accepts the risks of physical injury or property damage associated with participation in the mission trip whether in foreign or domestic territory. The participant (or parent/guardian) accepts personal financial responsibility for any bodily or personal injury, or property damage sustained during a mission trip. Further, the participant (or parent/guardian) promises to hold harmless the sponsoring organization and its representatives for any injury related to the activity.

\_\_\_\_\_  
**Participant's Signature**

\_\_\_\_\_  
Date

\_\_\_\_\_  
**Parent's Signature (if participant under 18 years of age)**

\_\_\_\_\_  
Date

If a parent is not going on the journey, see below.

\_\_\_\_\_  
Name of Responsible Guardian on the Journey (if applicable)  
**Please Print**

\_\_\_\_\_  
**Responsible Guardian Signature (by signing, you agree to be the Guardian for the participant)**



# Global Mission Journey

## Medical Information Form

Name on Government Issued ID \_\_\_\_\_ Social Security # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Date of Birth \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_ Policy/Group # \_\_\_\_\_

Date of Last Immunizations: Tetanus \_\_\_\_\_ Polio Booster \_\_\_\_\_ Measles \_\_\_\_\_ Mumps \_\_\_\_\_

Other Immunizations: \_\_\_\_\_

### Medical History

Asthma       Diabetes       Hay Fever       Kidney Trouble       Stomach Upset  
 Bronchitis       Dizziness       Heart Trouble       Sinusitis       Other

Allergies: Food \_\_\_\_\_

Penicillin or Other Drug (Name) \_\_\_\_\_

Insect Stings/Bites \_\_\_\_\_ Poison Oak, Ivy, Sumac \_\_\_\_\_

Previous Operations or Illnesses \_\_\_\_\_

List of CURRENT Medications \_\_\_\_\_

Do you wear contact lenses? Yes \_\_\_\_\_ No \_\_\_\_\_ Glasses? Yes \_\_\_\_\_ No \_\_\_\_\_

Are there any medical conditions, physical, mental or emotional issues that could possibly pose a challenge under stressful situations? Yes \_\_\_\_\_ No \_\_\_\_\_

**For all participants, it is strongly suggested that you maintain an updated Tetanus shot.**

### Emergency Contact Information

In case of emergency notify \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Date of Birth \_\_\_\_\_

Relationship to you \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Other \_\_\_\_\_ Email Address \_\_\_\_\_



# Global Mission Journey Scholarship Application

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Mission Journey: \_\_\_\_\_

Journey Dates: \_\_\_\_\_ Total Journey Cost: \_\_\_\_\_

Please answer the following questions: (Circle the correct answer)

*(Circling "No" does not disqualify an applicant. This form helps evaluate and determine the best use of resources.)*

**Are you a member of First Baptist Summit? Y or N**

If not, where? \_\_\_\_\_

**Are you a member of a Sunday School Group at First Baptist Summit? Y or N**

Name of Sunday School Group Leader: \_\_\_\_\_

**Have you sought other sources of financial assistance? Y or N**

Other assistance sought \_\_\_\_\_

**Did you receive assistance from the source you sought? Y or N**

If so, what amount? \_\_\_\_\_

**Have you ever been on a mission journey? Y or N**

List the three most recent mission journeys you have experienced.

1. Location: \_\_\_\_\_ Dates: \_\_\_\_\_ With: \_\_\_\_\_

2. Location: \_\_\_\_\_ Dates: \_\_\_\_\_ With: \_\_\_\_\_

3. Location: \_\_\_\_\_ Dates: \_\_\_\_\_ With: \_\_\_\_\_

**Have you previously received financial support from First Baptist Church Summit? Y or N**

**In what areas are you currently serving at First Baptist Church Summit? Students, please list activities you are involved in on campus. (Use back to provide more information.)**

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