

NORTHSIDE BAPTIST CHURCH
SHORT TERM MISSION TRIP
APPLICATION PACKET

FORMS INCLUDED:

- *Application for Mission Trips
- *References and Background Check
- *Guidelines
- *Testimony (Only required for 1st time NBC participants)
- *Medical Release Form for Youth or Adult (**sign in presence of notary**) – available on Church Website
- *Financial Aid Request

NOTE:

Please fill out the necessary forms in the packet and return to your team leader. If you are seeking monetary aid from the church for your trip and you meet the requirements for aid, please include a letter of request with your completed packet. No funds will be disbursed for any trip until the completed forms are turned in. If you have any questions please see the Team Leader or the Mission Team Chair.

Please sign the Medical release in the presence of a notary.

Mission Team Use Only:

Date Received: _____

APPLICATION FOR SHORT TERM MISSION TRIP

NAME OF TRIP: _____

Your Full Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Telephone: _____ Cell Phone: _____

E-mail Address: _____

Date of Birth (mm/dd/yyyy) _____

Circle: Male / Female Married / Single

If Married: Spouse's Name: _____

Home Phone: _____ Cell: _____ Work: _____

Name and ages of children: _____

Have a passport? _____ Name as it appears on passport: _____

Passport number: _____ Expiration date: _____

Where issued: _____

Member of what church? _____ For how long? _____

List ministries you are or have been involved in and for how long: _____

EMERGENCY CONTACT INFORMATION (Other than spouse):

Name: _____ Relationship _____

Full address: _____

Home Phone: _____ Cell: _____ Work: _____

REFERENCES & BACKGROUND CHECK

Today's Date: _____

Your Name: _____

Name of Trip: _____

Please provide the name, complete address and phone numbers of three references. These should NOT be family members. One reference should be a pastor or someone who holds a paid leadership position in the church. All references should be able to speak to your strengths and weaknesses as well as your relationship with Christ.

Reference #1:

Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Reference #2:

Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Reference #3:

Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Applicant Verification and Release

I recognize that Northside Baptist Church of Mechanicsville Virginia, Inc., to which this application is being submitted, is relying on the accuracy of the information contained herein. Accordingly, I attest and affirm that all of the information that I have provided is absolutely true and correct.

I authorize Northside Baptist Church to contact any person or entity listed in this application, and I further authorize any such person or entity to provide them with information, opinions, and impressions relating to my background or qualifications.

I voluntarily release Northside Baptist Church and any such person or entity listed herein from liability involving the communication of information relating to my background or qualifications. I further authorize Northside Baptist Church to conduct a criminal background investigation. Go to www.northsidebaptist.church, click on Forms & Documents, Background Check to complete your background check online.

Name: *(please print)* _____

Signature: _____ **Date:** _____

I processed my background check online through Northside's website on _____.

GUIDELINES FOR MISSIONS TRIPS WITH NORTHSIDE BAPTIST

The following guidelines have been established for participants in any Northside Baptist Church mission project, whether your membership is at NBC or elsewhere. Please review, sign, and date where indicated. If a youth, please have the youth and their parent sign.

- I agree to share my faith in an appropriate manner.
- I agree that the needs of the team and the trip take priority over my personal desires in matters pertaining to travel arrangements, meals, work schedule, style of dress, sightseeing, independent travel, etc.
- I agree to maintain a Christian witness in my speech, actions and dress at all times.
- I will refrain from the use of alcohol or tobacco products of any kind for the duration of the trip.
- I will willingly submit to the authority of the team leader for the duration of the trip.
- If at any time while on the field a volunteer's behavior constitutes a problem, the team leader has the authority to ask that volunteer to return home. Any additional costs incurred as a result of this action will be at the volunteer's expense.
- I hereby acknowledge that by engaging in this mission, I am subjecting myself to certain risks voluntarily, including and in addition to those risks which I normally face in my personal and business life, including but not limited to such things as health hazards due to poor food, water or sanitation, disease, pests, inadequate medical facilities, work related injuries, civil unrest and war.

Print Name: _____ Sign: _____ Date: _____

If above is a minor under the age of 18 the parent/responsible party must also sign below:

Print Name: _____ Sign: _____ Date: _____
Relation: _____

FINANCIAL AID REQUEST **YOUTH OR ADULT MISSION TRIP**

Name: _____

Address: _____

Home phone: _____ Cell phone: _____

Trip Name and date: _____

Total Per Person Cost of Trip: _____

Amount of Aid Requested: _____

A copy of the mission guidelines must be signed and accompany this request, along with acknowledgement that your medical release form has been turned into the office.

YOUTH TRIPS: are eligible for 50% of the cost of the trip not to exceed \$200.00 per person, per year. For adult chaperones, Missions will cover up to 100% of chaperone expenses, after available budgeted funds are disbursed from the Youth budget.

ADULT TRIPS:(team or individual) are eligible for 20% of the cost of the trip not to exceed \$500.00 per person, per year.

*A written estimate of the trip costs as well as documentation for the trip type should be submitted on/with the financial aid request form. The Short Term Mission Trip Application Packet should also be submitted.

ALL PARTICIPANTS:

All forms can be received in the church office or directly to the mission team chair. These items should be turned in at least 12 weeks prior to the trip for approval of funds.

*Funds will only be disbursed if they are available and once approved by the Mission Team and Mission Team Chair. Application for funds does not guarantee funding.

Please sign and date to show your understanding that an application for funds does not guarantee funding.

Signature: _____ Date: _____