



**FIRST BAPTIST CHURCH, EULESS**  
**MINOR MISSION TRIP APPLICATION PACKET**

“But you will receive power when the Holy Spirit comes on you; and you will be my witnesses in Jerusalem, and in all Judea and Samaria, and to the **ends of the earth.**”  
Acts 1:8

As a church we are striving to be not only mission-minded but also mission-active. First Baptist Church Euless desires to be a church that is biblical and a faithful steward of God’s Word and resources. Acts 1:8 provides our model for taking the Gospel of Christ to the world. Just like the Acts church, First Baptist Euless strategizes to reach our own Jerusalem, Judea, Samaria, and Ends of the Earth. As you fill out this application and prayerfully consider participating in one or more mission trips, you will be taking part in reaching our Samaria and Ends of the Earth. Thank you for your obedience to our Lord’s Great Commission. We are excited about your participation as we join in on God’s Miracles in 2008!

**Requirements for Mission Trip Participation:**

- Must be a member of FBCE for at least one year
- Must have 30% or higher attendance in a Bible Fellowship class
- Must attend mandatory training sessions
- Must attend all team planning meetings
- Must complete all Application Packet items
  - Mission Trip Application
  - Minor Liability Release
  - Ticket Responsibility Form
  - Emergency Contact Form
  - Minor Authorization and Medical Consent
  - Minor Permission to Travel
  - Two completed Missions Reference Questionnaires from FBCE staff members or Bible Fellowship directors

**\*If you would like to apply for a scholarship toward this Mission Trip, contact the Missions office for an application and requirements.**

First Baptist Church Euless  
1000 W, Airport Freeway  
Euless, Texas 76039  
817-267-3313 x285 (Keith) x239 (Scott)  
Fax: 817-354-5524  
email: [smosher@discoverfirst.org](mailto:smosher@discoverfirst.org)



SHORT TERM MISSIONS APPLICATION – FIRST BAPTIST CHURCH EULESS  
(Please Print)

MISSION TRIP \_\_\_\_\_ TRIP DATES \_\_\_\_\_

PERSONAL INFORMATION

NAME \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_

PREFERRED NAME \_\_\_\_\_ SHIRT SIZE \_\_\_\_\_

CURRENT STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PHONE: Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

E-MAIL ADDRESS: Home \_\_\_\_\_ Work: \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ AGE \_\_\_\_\_ COUNTRY OF BIRTH \_\_\_\_\_

MARITAL STATUS: ( ) Single ( ) Married ( ) Separated ( ) Divorced ( ) Widowed ( ) Engaged

SPOUSE'S NAME \_\_\_\_\_

PASSPORT INFORMATION: Do you have a current passport with an expiration date that is more than six months beyond the trip dates? \_\_\_\_\_ If not, please apply as soon as possible at the post office.

If you do have a current passport, please provide the Missions Office with a copy so that we may have it no file in case of emergency. Also, please provide the following information.

PASSPORT NUMBER \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

NAME AS IT APPEARS ON PASSPORT \_\_\_\_\_

IN CASE OF EMERGENCY, PLEASE NOTIFY:

NAME \_\_\_\_\_ RELATIONSHIP TO YOU \_\_\_\_\_

PHONE: Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

PHYSICIAN'S NAME \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

FOR INSURANCE PURPOSES, PLEASE LIST BENEFICIARY:

NAME: \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS AND PHONE \_\_\_\_\_



In case your travel plans are disrupted by a flight change, who should we notify?

Name \_\_\_\_\_ Telephone No. \_\_\_\_\_

FOR YOUR SPOUSE (must be completed)

Either in the space provided below or on a separate sheet of paper, please express any fears, concerns, or reservations you may have about your spouse participating in this trip, about First Baptist Church, or about the sponsoring organization on this trip. If you have none of these, please express this also.

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#### HEALTH INFORMATION

PRESENT STATE OF HEALTH: \_\_\_ EXCELLENT \_\_\_ GOOD \_\_\_ AVERAGE \_\_\_ POOR

Check any of the following health conditions which apply to you:

Heart Disease    Low/High Blood Pressure    Hypoglycemia    Diabetes    Seizures    Asthma

HOW MANY DAYS DO YOU ACTIVELY ENGAGE IN PHYSICAL ACTIVITY PER WEEK ? \_\_\_\_\_

ARE YOU PRESENTLY UNDER THE CARE OF A PHYSICIAN? \_\_\_\_\_ IF YES, PLEASE EXPLAIN.

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ARE YOU UNDER ANY MEDICAL CONDITIONS/RESTRICTIONS? \_\_\_ IF YES, PLEASE EXPLAIN.

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LIST ALL PRESCRIBED MEDICATIONS YOU ARE TAKING, DOSAGES, AND FREQUENCY.

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LIST AND EXPLAIN ANY ALLERGIES YOU MAY HAVE.

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#### CHURCH INFORMATION

WHERE IS YOUR CHURCH MEMBERSHIP? \_\_\_\_\_

HOW OFTEN DO YOU ATTEND YOUR HOME CHURCH?

Less than twice a month                  Twice a month                  More than twice a month

IF NOT, WHERE ARE YOU ATTENDING REGULARLY? \_\_\_\_\_



WHAT BIBLE FELLOWSHIP CLASS DO YOU CURRENTLY ATTEND? \_\_\_\_\_

IF OTHER THAN FBCE, GIVE THE NAME AND PHONE NUMBER OF A PASTOR OF THE CHURCH

YOU ARE ATTENDING. \_\_\_\_\_

IS YOUR CHURCH PRAYERFULLY SUPPORTING YOU IN THIS TRIP?

\_\_\_\_\_

LIST PRESENT MINISTRY INVOLVEMENT:

\_\_\_\_\_

List three (3) individuals from this church who could be contacted for a personal reference. At least one should be in a leadership position. Please take time to see that phone and e-mail are complete and correct. Have them each fill out a Missions Reference Questionnaire.

Name

E-mail

Phone

1) Ms. Mrs. Mr.

Home Phone:

Cell Phone:

2) Ms. Mrs. Mr.

Home Phone:

Cell Phone:

3) Ms. Mrs. Mr.

Home Phone:

Cell Phone:

#### CHRISTIAN WITNESS

ARE YOU PRESENTLY EXPERIENCING PSYCHOLOGICAL STRUGGLES? \_\_YES \_\_NO

ARE YOU UNDER THE CARE OF A MENTAL HEALTH PROFESSIONAL? \_\_YES \_\_NO

ARE YOU CURRENT WITH YOUR FINANCIAL OBLIGATIONS? \_\_YES \_\_NO

DO YOU HAVE A POLICE RECORD? \_\_YES \_\_NO

HAVE YOU EVER BEEN CONVICTED IN A CRIMINAL COURT? \_\_YES \_\_NO

ARE YOU ENGAGING IN THE USE OF ILLEGAL DRUGS? \_\_YES \_\_NO

ARE YOU ENGAGING IN IMMORAL SEXUAL RELATIONS? \_\_YES \_\_NO

ARE YOU INVOLVED IN HOMOSEXUAL ACTIVITY? \_\_YES \_\_NO

IF YOU ANSWERED YES TO ANY OF THE ABOVE, PLEASE EXPLAIN ON THE BACK OF THIS SHEET OR ON A SEPARATE PIECE OF PAPER.



**MISSIONS TRAINING**

HAVE YOU SUCCESSFULLY COMPLETED EVANGELISM EXPLOSION TRAINING? \_\_ YES \_\_ NO

HAVE YOU COMPLETED OPERATION WORLDVIEW TRAINING THROUGH FBCE? \_\_ YES \_\_ NO

Do you speak another language? Yes No Please list language: \_\_\_\_\_

On mission trips, each participant will have other duties in addition to their primary assignment. Please indicate below the skills, training, experience and/or spiritual giftedness you have in the following areas:

<u>MINISTRY</u>	<u>HEALTH CARE</u>	<u>CONSTRUCTION</u>	<u>OTHERS</u>
Bible Teacher	Physician	Carpentry	Fitness
Evangelism	Dentist	Electrical	Sports
Music	Nurse	Plumbing	Computers
Counseling	Veterinarian	Masonry	_____
Drama/Mime		General Handiwork	_____

1. Is this your first International mission trip? What mission trips have you been on?
  
2. How (or from whom) did you learn of this mission trip?
  
3. Comment on your willingness and ability to help serve the team in any way you can.
  
4. How well do you deal with uncertainty and change?
  - A. How well would you rate yourself in flexibility and adaptability?
  
  - B. How well do you take instruction?
  
  - C. Would you be willing to forego personal preferences to honor the culture in which you are going?
  
5. Describe your cross-cultural living, training and/or travel experiences. What did you learn?



What types of difficulties did you experience?

6. Briefly describe any major life changes you have gone through in the past year (e.g. job or family changes, illness, injury, death of a relative or close friend, etc.)

7. What is your motivation for going on a mission trip or why do you want to go?

8. How do you know God has called you to participate in a mission trip?

9. I plan to:

- Pay my own way
- Pay part of my way and trusting God to provide the balance
- I will need God to provide all of the finances
- I need help learning how to develop my financial support team

10. Please describe your:

- A. Strengths
  
- B. Ministry gifts or skills
  
- C. Spiritual gifts

11. Please describe your weaknesses or areas in which you desire growth.

12. Describe your personal devotional habits (i.e. quiet time).

13. Describe your growth and involvement in intercessory prayer.



14. Describe your personal knowledge of and interest in the focus of this trip.

15. How does each of your immediate family members feel about you applying and/or going on a mission trip?

16. Have you ever been denied a visa (a request for permission to enter a country) or had a visa revoked? If yes, for which country and what were the circumstances?

17. Please check here (\_\_\_\_) if you desire to discuss questions 18 & 19 with a pastor first before replying. If you checked the box, please indicate the date when we can expect to hear from either you or that Pastor:

\_\_\_\_\_.

Please note: Any positive answers to these questions do not necessarily disqualify you.  
All responses will be kept strictly confidential.

18. Have you had any pre-marital or extra-marital (i.e. immoral) affairs in the last year?

19. Do you regularly use or are you addicted to any substances, illegal, or otherwise (i.e. tobacco products, alcohol, drugs)?

20. Explain any difficulties you may have working with Christians who have doctrinal viewpoints different from your own.

21. Suppose you felt the leading of the Holy Spirit to take a direction or to act differently than what your Team Leader instructs. How would you handle this?

**22. I have read and am in agreement with the Baptist Faith and Message 2000 statement of the Southern Baptist Convention.      Agree                      Disagree**  
**If not, please explain any areas of disagreement:**



23. Please list any questions you would like answered:

24. I agree to abstain from the use of tobacco products, alcoholic beverages, illegal drugs, and any other behavior that would hinder Christian ministry. I understand that the breach of this contract will be cause for dismissal from the volunteer project and return home at my own expense.      Agree      Disagree

25. Please describe your testimony (salvation experience).

Thank you for applying for this mission trip! Keep in mind that final selection of team members is made in accordance with our church's mission trip policies and procedures. That is, members are ultimately

approved by the Missions Committee in consultation with the Minister of Missions and the Team Leader based on this application, objectives of the trip, and skills/gift mix.

I fully realize that I will be going to \_\_\_\_\_ as an ambassador of Jesus Christ and a representative of First Euleless. I understand that my participation in all team meetings and team activities is non-negotiable and critical to the growth and effectiveness of this team. I will commit to follow the leadership and direction of my trip leader while participating as a team member on this mission trip.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Please return this completed application form to The Missions Office. Thank you!**



**FIRST BAPTIST CHURCH, EULESS**  
**MINOR PARTICIPANT'S LIABILITY RELEASE AGREEMENT**  
**for**  
**MISSION ACTIVITIES**

\_\_\_\_\_  
 Minor Participant's Name [print name]

\_\_\_\_\_  
 Date of Birth

\_\_\_\_\_  
 Street Address

\_\_\_\_\_  
 Telephone Number

\_\_\_\_\_  
 City

\_\_\_\_\_  
 State

\_\_\_\_\_  
 Zip Code

We, the undersigned parent(s) or legal guardian(s) of the above-named minor (the "Participant"), hereby grant, in the name and on behalf of the Participant, Participant's voluntary consent and permission for Participant to participate in that certain mission trip/activity described as follows:

\_\_\_\_\_, and to be held on \_\_\_\_\_,  
 \_\_\_\_\_ to \_\_\_\_\_, \_\_\_\_\_ (herein the "Activity") with First Baptist Church, Eules (the "Church") who is providing the assistance in scheduling and making arrangements for this trip/activity.

The Church and the undersigned, on behalf of the "Participant," agree that the Activity poses certain potential risks including, without limitation, the following specific risks: personal injury or death, or injury to property, due to sickness, accident, crime, political instability, governmental opposition to missions activities, as well as other similar and dissimilar risks (herein the "Risks").

In consideration of the Church's assistance in scheduling and arranging the Activity and the Church's grant of its consent to the Participant to participate in the Activity, and for other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, we, the undersigned, on behalf of the Participant and ourselves and on behalf of our and Participant's personal and legal representatives, heirs, distributees, next of kin, agents, executors, successors and assigns (herein the "Releasers") hereby **IRREVOCABLY AND UNCONDITIONALLY RELEASES, ACQUITS, FOREVER DISCHARGES, AGREES TO HOLD HARMLESS AND COVENANTS NOT TO SUE** the Church and its officers, Council Members (directors), members, employees, volunteer workers, agents, representatives, successors and assigns (herein collectively the "Releasees") for, from, and against any and all rights, claims, demands, damages, liabilities, actions, and causes of action of any nature now or hereafter existing, whether accrued or unaccrued, known or unknown, fixed or contingent, legal or equitable that Releasers may have or claim to have against the Releasees for any reason including, but not limited to, all claims or liabilities in any manner relating to personal or bodily injury to or death of the Participant, or injury to the property of the Participant, while participating in the Activity, whether caused by the negligent acts or omissions of Releasees or any other person or entity while the Participant is participating in the Activity. The undersigned, on behalf of the Participant, acknowledges and agrees that he/she is fully aware of the Risks and other hazards inherent in the Activity, and voluntarily assumes the Risks and all other risks of loss, damage, or injury that may be sustained by the Participant while participating in the Activity. **NEVERTHELESS, THE PARTICIPANT AND THE UNDERSIGNED (ON BEHALF OF**





Witness my hand and seal, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Public

My Commission Expires:  
\_\_\_\_\_

STATE OF TEXAS  
COUNTY OF TARRANT

Before me, the undersigned, a Notary Public in and for the state and county aforesaid, personally appeared \_\_\_\_\_ (the mother of the aforementioned Participant), with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who acknowledged that she executed the foregoing instrument for the purposes therein contained.

Witness my hand and seal, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Public

My Commission Expires:  
\_\_\_\_\_

**If minor is under the legal care, custody & control of a Legal Guardian rather than natural parents:**

\_\_\_\_\_  
[Print Name of Legal Guardian]

\_\_\_\_\_  
Signature of Legal Guardian

STATE OF TEXAS  
COUNTY OF TARRANT

Before me, the undersigned, a Notary Public in and for the state and county aforesaid, personally appeared \_\_\_\_\_ (the legal guardian of the aforementioned Participant), with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who acknowledged that he/she executed the foregoing instrument for the purposes therein contained.

Witness my hand and seal, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Public

My Commission Expires:  
\_\_\_\_\_



**FIRST BAPTIST CHURCH, EULESS  
TICKET RESPONSIBILITY FORM**

I understand that by giving a \$200 non-refundable deposit to First Baptist Euless for the purchase of an airline ticket for a Mission Trip, I am claiming full responsibility of the purchase price of that airline ticket should I not be able to make the trip for any reason. The tickets are non-refundable, non-transferable tickets and can be used only by the ticket holder for up to one year with a penalty.

Attached you will find information on Trip Cancellation insurance that you may purchase individually if you wish.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent (if above is a minor)

\_\_\_\_\_  
Date



## U. S. EMERGENCY CONTACT FORM

As part of our service to you and your team, we are set up to provide assistance in case of emergencies. To expedite communication and flow of resources and to help you prevent and handle potential problems and emergencies, we need to following information:

Full Name of Project Participant: \_\_\_\_\_

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

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone or Beeper: \_\_\_\_\_

E-mail address (Personal only): \_\_\_\_\_

Name of U.S. Emergency Contact: \_\_\_\_\_

Relationship to Project Participant: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone or Beeper: \_\_\_\_\_

E-mail address (Personal only): \_\_\_\_\_

What is the best way to contact this person?: \_\_\_\_\_



First Baptist Church, Euless  
1000 W. Airport Freeway  
Euless, TX 76039  
(817) 267-3313

**AUTHORIZATION AND MEDICAL CONSENT FOR MINORS  
(UNDER 18 YEARS OF AGE)**

Name of Minor \_\_\_\_\_ Phone No. \_\_\_\_\_

Address of Minor \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_ Phone No. \_\_\_\_\_

Address \_\_\_\_\_ Cell Phone No. \_\_\_\_\_

Insurance Information:

\_\_\_\_\_  
Company Name Policy No.

Medical Problems \_\_\_\_\_

Allergies \_\_\_\_\_

Current Medications \_\_\_\_\_

I hereby give my permission for \_\_\_\_\_  
to receive emergency medical and/or dental treatment from a physician in  
the event of illness or injury.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date



First Baptist Church, Eules  
1000 W. Airport Freeway  
Eules, TX 76039  
(817) 267-3313

**PERMISSION FOR MINOR TO TRAVEL ABROAD  
(UNDER 18 YEARS OF AGE)**

To Whom It May Concern:

I/We, \_\_\_\_\_ give our  
permission for our minor child \_\_\_\_\_ to visit  
your country without us.

Attached, please find a copy of their birth certificate/proof of  
guardianship for your reference.

Thank you for your attention.

Sincerely,

\_\_\_\_\_  
Date

\_\_\_\_\_  
Father

\_\_\_\_\_  
Mother



## MISSIONS REFERENCE QUESTIONNAIRE

*Please use additional paper when necessary and refer to the number being answered.*

\_\_\_\_\_ has applied to take part in a mission trip with First Baptist Church, Eules. This mission trip will take them to an international location in order to minister to people's needs and share the gospel. The participant will likely confront stressful situations both because of cross-cultural transition and because of team dynamics. For this reason, your honest evaluation will help us accurately assess this applicant. Please mail or fax this referral within seven (7) days to the address below. Your reply will be held in strict confidence.

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1. Your name and position or profession: \_\_\_\_\_

2. Address and phone: \_\_\_\_\_

3. How long have you known the applicant? In what type of relationship?

4. How have you seen the applicant grow spiritually? \_\_\_\_\_

5. Have you observed the applicant's ability to relate with people? Try to comment on the applicant's relational style, congeniality, cooperation, and potential for conflict.

6. How does the applicant relate with people in leadership over him/her? Is he/she teachable and willing to follow instructions? \_\_\_\_\_

7. How have you seen the applicant demonstrate positive or negative influence on a group? \_\_\_\_\_



8. If this applicant is selected for the team, what training, development and individual care will he or she require? \_\_\_\_\_

9. Please rate the applicant from 1 to 5 in the following areas with 1 representing “does not describe the applicant” and 5 representing “describes the applicant perfectly”.

- |                             |   |
|-----------------------------|---|
| ___ Resourceful             | ___ Self-motivated                        |
| ___ Responsible             | ___ Expresses thoughts well               |
| ___ Expresses feelings well | ___ Adapts well to changing circumstances |
| ___ Careful                 | ___ Attentive to detail                   |
| ___ Easily makes friends    | ___ Knows Scripture                       |

10. What strengths or gifts will this applicant bring to the team?

11. What special contributions do you think this applicant can make to a cross-cultural missions effort? \_\_\_\_\_

12. Please give further information about the applicant (family background, education, experiences...) which you would want to know if you were leading him or her on a short term project. \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

*Thank you for your time and assistance! If you have any questions, please note them below.*

Please return this form within 7 days to:

First Baptist Eules  
Attn: Missions Office  
1000 W. Airport Freeway  
Eules, TX 76039

Fax No. (817)354-5524