

Short Term Mission Trip Policy for Candidates Using Sending Agencies (or Churches) **Outside** FBC

The candidate must:

- Have a commitment to Jesus Christ with a willingness to serve
- Complete the Short Term Mission Trip Questionnaire and be interviewed by the Missions Team
- Be a member of FBC at least **one year prior to date of departure**
- Have proven ministry experience commensurate with the proposed trip responsibilities
- Complete the orientation training by the sending agency
- Go with a sending agency with a doctrinal position consistent with that of FBC and the agency must be approved by a designated member of the Missions Team
- Have recommendation of L2L leader, youth leader or other church leader
- All forms and interviews should be **completed two months before** the trip

The review of the questionnaire will be completed and the fundraising request will be considered by the Missions Team.

If the Policy conditions are not met to the extent that the candidate is denied approval by the Missions Team, the candidate should not post letters of intent around FBC facilities for support purposes.

FELLOWSHIP BIBLE CHURCH

Short Term Mission Trip Application

(Sending Agencies other than FBC)

Mission Trip Destination _____ Dates of Trip _____
Sending Organization/Church _____

Note to Applicant: This application is designed to better ensure that you have a positive missions experience. Please fill it out in its entirety, where applicable. Where it is not applicable, simply put N/A. Confidentiality will be maintained. If you have a letter describing your proposed trip, please attach it.

[Please attach a current photo.](#) **If you are supported financially by FBC, a post-trip survey will be requested.**

I. PERSONAL INFORMATION:

Name (as it appears on your passport):

First	Middle	Last
-------	--------	------

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: () _____ Cell Phone: () _____

Email : _____

2. Place of Employment or School and Grade: _____

3. Age _____

4. Emergency Contact (name) _____

(address) _____

(phone number) _____

5. Do you have personal medical insurance that might be used in case of an injury or illness? _____

II. OTHER INFORMATION:

1. Are you currently active in Fellowship Bible Church? Yes _____ No _____
If yes, for how long _____
What ways have you been involved within the church? _____

Name of L2L leader _____

2. Describe how you personally came to know Jesus Christ as your Savior and Lord.

3. Give a specific example where you have seen God working in your life in the past year. _____

4. Have you ever been on a mission trip before? Yes _____ No _____
Where? _____ When? _____
Activities on trip? _____

5. What other experiences or training have you had which would help prepare you for this trip?

6. Why do you want to go on this mission trip? _____

7. What specifically will you do on this trip?

9. Is your spouse (Adults) or are your parents (Youth) supportive of your participation in this short-term mission trip?
Yes _____ No _____ If no, please explain: _____

The Financial Inquiry Task Force prefers that you raise as much of your support as possible before requesting funds. Also, please note policy dictates percentage of total cost that may be subsidized by the FITForce.

10. What is the total cost of the trip? _____ How much have you raised? _____

11. What is your request? _____

12. Have you made other attempts to raise funds? HOW?

III. Sending Agency

Name of Agency (or church) _____

Address of Agency _____

Phone number _____

Your acct # _____

1. Will there be someone over 21 years of age who has been trained in taking such mission trips with you at all appropriate times? _____

Name _____

2. What kind of training will you get prior to this trip? **Be specific**

3. Does the sending agency have a doctrinal statement for review? _____

4. Have you reviewed their doctrinal statement and is it consistent with that of **FBC**? _____

5. What kind of experience do they have in making such trips to your destination? _____

6. Do they have a **Crisis Management Plan** (for example, a plan to cover evacuation, sickness, injury, or death), as well as an **insurance plan** to cover such occurrences? _____

7. Have you agreed to conduct yourself in a way that honors Christ and submit yourself to the authority of the team leader? _____

8. If the trip is cancelled, what is the policy of the Sending Agency regarding disposition of support funds? If the policy is available, **please attach**.

I verify that all the above information is correct, including verification or denial of trip insurance.

Signature of Applicant _____ Date _____

Signature of Parent/Guardian _____ Date _____