



**SHORT TERM TRIP DOCUMENTS  
TEAM MEMBER PACKET**

COMPILED 3.24.16

For Office Use Only

Date Rec'd \_\_\_\_\_

Deposit Rec'd \_\_\_\_\_

Status \_\_\_\_\_



Fellowship Bible Church  
5434 East 91<sup>st</sup> Street  
Tulsa, OK 74137

Mission Trip

Destination \_\_\_\_\_

Dates \_\_\_\_\_ Total Cost of trip \_\_\_\_\_

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Note to Applicant: This application is designed to better ensure that you, your team leaders, and our foreign contacts all have a positive missions experience. It is therefore essential that this be completed in its entirety. Confidentiality will be maintained.

I. **PERSONAL INFORMATION:**

1. Name (as it appears on your passport): (Birthdate \_\_\_\_\_)

\_\_\_\_\_

First	Middle	Last
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Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Fax : ( ) \_\_\_\_\_

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

2. Place of Employment or School and Grade: \_\_\_\_\_

3. Age \_\_\_\_\_ T-shirt size \_\_\_\_\_ Facebook? (Y/N) \_\_\_\_\_

4. Passport number: \_\_\_\_\_ Expiration date: \_\_\_\_\_

5. In the event of an emergency, notify (include Spouse/Parent/Guardian as appropriate):

A. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Day Phone: (    ) \_\_\_\_\_ Evening Phone: (    ) \_\_\_\_\_

B. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Day Phone: (    ) \_\_\_\_\_ Evening Phone: (    ) \_\_\_\_\_

C. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Day Phone: (    ) \_\_\_\_\_ Evening Phone: (    ) \_\_\_\_\_

**II. OTHER INFORMATION:**

1. Are you affiliated with Fellowship Bible Church? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, for how long \_\_\_\_\_

If no, which church? \_\_\_\_\_

\_\_\_\_\_

2. What does it mean to “become a Christian”? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Describe your life before you received Christ: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Describe how you received Christ: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Describe your life after you received Christ: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Have you ever been on a mission trip before? Yes \_\_\_\_\_ No \_\_\_\_\_

Where? \_\_\_\_\_ When? \_\_\_\_\_

Activities on trip? \_\_\_\_\_  
\_\_\_\_\_

7. What other experiences have you had which would help prepare you for this trip?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Why do you want to go on this mission trip? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Where do you think you can contribute the most on this trip? \_\_\_\_\_

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10. What might be an area of difficulty or weakness for you? \_\_\_\_\_

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11. Is your spouse and/or immediate family supportive of your participation in this short-term mission trip? Yes \_\_\_\_\_ No \_\_\_\_\_

Please explain: \_\_\_\_\_

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12. How are you planning to cover the cost of this trip? \_\_\_\_\_

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### III. SKILLS INFORMATION:

1. Indicate your skills in languages other than English: \_\_\_\_\_

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2. What musical instrument do you play, if any? \_\_\_\_\_

3. Do you have singing skills? \_\_\_\_\_

4. Check the areas and skills in which you have experience:

- |   |   |
|---|---|
| <input type="checkbox"/> Medical                    | <input type="checkbox"/> Evangelism         |
| <input type="checkbox"/> Computer skills            | <input type="checkbox"/> Food Services      |
| <input type="checkbox"/> Carpentry                  | <input type="checkbox"/> Discipleship       |
| <input type="checkbox"/> Data Entry                 | <input type="checkbox"/> Small group leader |
| <input type="checkbox"/> Masonry                    |   |
| <input type="checkbox"/> Teaching (age group _____) |   |
| <input type="checkbox"/> Word Processing            |   |
| <input type="checkbox"/> Organizational             |   |
| <input type="checkbox"/> Camp programs              |   |
| <input type="checkbox"/> ESL                        |   |
| <input type="checkbox"/> Sports and recreation      |   |
| <input type="checkbox"/> Drama/skits                |   |
| <input type="checkbox"/> Plumbing                   |   |
| <input type="checkbox"/> Electrical                 |   |
| <input type="checkbox"/> Puppets                    |   |
| <input type="checkbox"/> Arts/Crafts                |   |

5. If you have considerable experience in any of the above, please comment:

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**IV. References/Name \_\_\_\_\_ Phone Number**

L2L Leader  
Cell Group Leader  
Youth Leader  
Church Member

**V. Participant's Covenant**

The last part of your application is perhaps the most important. We are asking you to sign a covenant of participation, the points of which are listed below. These are the common expectations we have of every team and every team member.

1. Are you willing to participate in all team building and training events over the next few months as determined by your team leader(s)? Yes \_\_\_\_\_ No \_\_\_\_\_

2. Will you covenant to be a team player rather than an "independent operator" on this mission trip submitting to the team leadership and the needs of the group over your own?  
Yes \_\_\_ No \_\_\_

3. Will you be submissive to our national hosts or local project leaders in a way that honors them and the Gospel? Yes \_\_\_\_\_ No \_\_\_\_\_

4. Will you for the sake of the cultural context you are entering, abstain from the use of alcohol, tobacco and illegal drugs? Yes \_\_\_\_\_ No \_\_\_\_\_

5. Will you commit to meeting financial requirements Yes \_\_\_\_\_ No \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent (Youth trip ) \_\_\_\_\_ Date \_\_\_\_\_



**ASSUMPTION AND ACKNOWLEDGMENT OF RISKS AND RELEASE OF LIABILITY AGREEMENT**

In consideration of being allowed by Fellowship Bible Church to participate in events and activities and/or being provided with the use of property or services, for my organization, myself and any minor children for whom I am parent, legal guardian or otherwise responsible, and my heirs, representatives or assigns:

I agree to assume the responsibility for all the risks associated with my activity, whether or not the risks are identified herein (EVEN IF THOSE RISKS ARISE OUT OF THE NEGLIGENCE OF THE RELEASEES IDENTIFIED BELOW). My/our participation is purely voluntary. I assume full responsibility for myself and any of my minor children for whom I am responsible, for any bodily injury, accident, illness, paralysis, death, loss of personal property and experienced as a result of any accident which may occur while I/we participate in the activity (EVEN IF CAUSED, IN WHOLE OR IN PART, BY THE NEGLIGENCE OF THE RELEASEES NAMED BELOW).

I, on behalf of myself and any minor children for whom I am parent, legal guardian or otherwise responsible, and my heirs, representatives, or assigns, hereby waive all claims and release Fellowship Bible Church, its managers, officers, directors, elders, deacons, members, agents, employees, volunteers, their heirs, successors or assigns, their insurers and each and every land owner, municipal and/or governmental agency upon whose property an activity is conducted and their insurers, if any, (Collectively "Releasees") FROM ANY AND ALL LIABILITY OF ANY NATURE FOR ANY AND ALL INJURY OR DAMAGE (INCLUDING DEATH) TO ME OR MY MINOR CHILDREN AND OTHER PERSONS as a result of my/our participation in the activity EVEN IF CAUSED BY THE NEGLIGENCE OF ANY OF THE RELEASEES NAMED ABOVE OR ANY OTHER PERSON (INCLUDING MYSELF).

ANY dispute, controversy or claim arising out of or relating to this Agreement, or any breach thereof, or use of facilities or equipment, shall be settled by binding arbitration, and judgment on the award rendered by such arbitration may be entered in any court having jurisdiction thereof.

I HAVE READ THIS ASSUMPTION AND ACKNOWLEDGMENT OF RISKS AND RELEASE OF LIABILITY AGREEMENT. I UNDERSTAND THAT BY SIGNING THIS DOCUMENT, I AM WAIVING VALUABLE LEGAL RIGHTS, INCLUDING ANY AND ALL RIGHTS I MAY HAVE AGAINST FELLOWSHIP BIBLE CHURCH, ITS MANAGERS, OFFICERS, DIRECTORS, ELDERS, DEACONS, MEMBERS, AGENTS, EMPLOYEES, VOLUNTEERS, THEIR HEIRS, SUCCESSORS OR ASSIGNS. I AGREE THAT I WILL NOT PARTICIPATE IN ANY EVENT OR ACTIVITY WHILE UNDER THE INFLUENCE OF ALCOHOL OR DRUGS. I REALIZE FURTHER THAT THERE ARE CERTAIN HEALTH RISKS AS WELL AS OTHER RISKS TO ME, OR MY MINOR CHILDREN OR OTHER PERSONS AND HIS/HER PROPERTY AND I ENTER INTO PARTICIPATION IN THIS ACTIVITY WITH KNOWLEDGE OF THOSE RISKS.

Participant Print / Sign \_\_\_\_\_ Age \_\_\_\_\_

Participant Print / Sign \_\_\_\_\_ Age \_\_\_\_\_

Participant Print / Sign \_\_\_\_\_ Age \_\_\_\_\_

If participant is under 18, the parent or legal guardian must also sign:

\_\_\_\_\_ Parent and/or Legal Guardian

\_\_\_\_\_ Date

# EMERGENCY TREATMENT RELEASE/MEDICAL INFORMATION FORM

Fellowship Bible Church  
5434 E. 91st Street - Tulsa, OK 74137

I. Personal Name: (Last) \_\_\_\_\_  
(First) \_\_\_\_\_ (Middle) \_\_\_\_\_  
Complete Address \_\_\_\_\_

Social Security Number \_\_\_\_\_ Birthdate \_\_\_\_\_  
Age \_\_\_\_\_ Sex \_\_\_\_\_  
Parent/Guardian (if minor): \_\_\_\_\_

### Emergency Contacts

1. Person to contact: \_\_\_\_\_ Relationship \_\_\_\_\_  
Address: \_\_\_\_\_ Home # \_\_\_\_\_  
Wk # \_\_\_\_\_

2. Person to contact: \_\_\_\_\_ Relationship \_\_\_\_\_  
Address: \_\_\_\_\_ Home # \_\_\_\_\_  
Wk # \_\_\_\_\_

Authorization: In the event of injury or illness, I hereby authorize the administration of emergency medical treatment to the individual named in Section I, above. I also hereby release FELLOWSHIP BIBLE CHURCH, its employees, agents and representatives from all liability for any claims arising out of the provision of medical treatment rendered pursuant to this authorization. I understand that in the event medical intervention is needed, every reasonable attempt will be made to contact the Emergency Contact(s) names above as soon as practicable.

Signature: \_\_\_\_\_ Print Name \_\_\_\_\_  
Relationship to Named Individual: \_\_\_\_\_

### II. MEDICAL INFORMATION:

1. Your current health:  
Excellent \_\_\_\_\_ Good \_\_\_\_\_ Fair \_\_\_\_\_ Poor \_\_\_\_\_  
If fair or poor, please explain:

2. Are you currently taking any medication (prescribed and/or "over the counter"):  
Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please specify:

3. Do you have any medical restrictions or handicaps which would require special provisions?  
Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please explain:

4. Do you have any dietary restrictions?  
Yes \_\_\_\_\_ NO \_\_\_\_\_  
If yes, explain:



5. Do you wear contact lenses? Eye Medications: \_\_\_\_\_

6. Surgeries and major illnesses in the last two years: \_\_\_\_\_

\_\_\_\_\_

7. Health Insurance Company: \_\_\_\_\_

Policy Number \_\_\_\_\_ Address \_\_\_\_\_

8. Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

## Confidential References Short Term Mission Trips

-Applicant's Name:

-Length of time you have known applicant:

-How well do you know applicant?      Casually      fairly well      very well

-Please rank applicant in the following areas, using E=Excellent, AA=Above Average, A=Average, P=Poor

dependability \_\_\_\_\_ spiritual life \_\_\_\_\_ maturity \_\_\_\_\_

teachability \_\_\_\_\_ leadership ability \_\_\_\_\_ respect for authority \_\_\_\_\_

work ethic \_\_\_\_\_ servanthood \_\_\_\_\_

-Please rank the applicant using O=Often, S=Sometimes, N=Never, D=Don't Know

procrastinates \_\_\_\_\_ is depressed \_\_\_\_\_ argumentative \_\_\_\_\_

is dishonest \_\_\_\_\_ is irritable \_\_\_\_\_ fails to follow through \_\_\_\_\_

-Is applicant active in your L2L/youth group?

If yes, what areas of ministry? -

-To your knowledge, has applicant had a salvation experience?      Yes      No

-Are you aware of any issues in applicant's life that you feel would disqualify him/her from taking this mission trip?      Yes      No

-Do you have confidence in applicant's abilities to serve as a missions trip volunteer?      Yes      No

-Please use the space below to indicate why this person might or might not be suitable for an FBC Mission Trip.

-RECOMMENDATION:

Based upon my knowledge, the above applicant is: (circle one below)

Highly recommended

Recommended with reservation

Not recommended for this trip

Date \_\_\_\_\_

L2L Leader or Youth Leader/Cell Leader or adult FBC member

(In the case of a non-FBC member, an adult member of FBC may sign)

## Sample Support Letter 1

Date Dear Friends and Family,

I am writing to tell you about the exciting missions opportunity I have this summer, and the opportunity you have to partner in it with me.

What: I'm going on a mission trip to India!

When: June 15 – June 28

Who: I am one of seven members of FBC who will be going on this trip. Our team leader is-----  
----. While in India, we will be working with Mr. \_\_\_\_ Pederson and others supported by FBC.

What: FBC has a goal of reaching many Hindus, Buddhists, and Tribal people with the message of Christ and seeing them become disciples within the next few years. We are going to help. During this trip I may have opportunities for open air and door-to-door evangelism. Also, this is an opportunity to support and encourage our missionaries.

Preparation: I have a lot to learn about the Hindu culture before June. Additionally, I need to prepare for the trip spiritually and financially. I know I cannot be effective on my own, but I am depending on God, and I am excited to see Him move.

How you can help: I need people to partner with me in this endeavor. If you feel led to help, you can support me financially and/or in prayer. I know this trip is too big for me, but that's the beauty of missions. God doesn't need me at all, yet He wants to use me as an instrument for His glory and my joy.

Please pray for me:

- For open hearts and opportunities as I share the gospel
- For boldness and confidence, that I may be an effective witness
- That I will be open to the Lord's teaching
- For health and safety

Also, if you would like to support me financially, the cost of the trip is \$2500. I will be paying for part of the cost, but I'm depending on the Lord for the rest! Any contribution you would like to make is tax deductible, and can be mailed to FBC using the enclosed envelope. Please make checks out to Fellowship Bible Church.

God bless,

Isabelle

## Sample Support Letter 2

Date

Dear Friends and Family:

In the hills above Puebla, Mexico, there is a small children's home that serves abused and neglected girls. The residents range from age 3 to 17. None of them has ever known the security of a safe and loving family.

On August 4-14, Kathy and I will have the privilege of serving at the Lily of the Valleys Home for Girls. We are leading a team of 10 young adults from our church, Fellowship Bible Church. The goal is to help with some simple maintenance projects at the home, including painting and gutter installation. We will also offer our "elbow grease" at a nearby Christian school where the girls attend. Of course, we definitely intend to spend plenty of time simply befriending the girls and showing the love of Christ.

A few members of this service team have participated in previous mission projects. For others, however, this will be their first cross-cultural ministry experience. That's one reason Kathy and I are excited about the project. We believe it will help broaden the vision of the team members. This firsthand experience in another culture will teach them far more about missions than any textbook or class could hope to accomplish.

The Lily of the Valleys Home for Girls is operated by Kids Alive, a well-established mission agency that focuses on children's ministry in several poverty areas of the world. Last fall I participated in a one-day work project at the Kids Alive headquarters in Valparaiso, Indiana, and came away very impressed by the dedication and faithfulness of the home staff. It's an honor to be associated with them even in a small way through this service project.

I'm telling you all this because we need your help. We need some people to pray for us during the project, and we need some people to support it financially. To be a prayer partner means interceding for us once a week before the trip, every day during the trip (August 4-14), and once a week for a month after the trip. To be a financial partner means sending any amount, large or small, to Fellowship Bible Church. Please use the enclosed envelope. You will receive a tax-deductible receipt.

We will pay part of our own trip expenses but are depending on the Lord to provide the rest. The total cost for airfare, food, and project materials is \$1,250 per person. Any funds that come in above that minimum will be given to the other team members who do not have sufficient funds.

If you are willing to participate in this project, we'd love to hear from you. Please fill out the enclosed coupon and return it in the envelope. Thank you so much for considering helping.

Eager to serve,

Phillip

**FELLOWSHIP BIBLE OF TULSA**

**Volunteer Authorization For Release of Background Information**

In connection with my application for volunteer service with **FELLOWSHIP BIBLE OF TULSA**, I authorize **FELLOWSHIP BIBLE OF TULSA** and, or, ACCUFAX Div., Southvest Inc., their agent, to solicit background information relative to my criminal record history. I understand that **FELLOWSHIP BIBLE OF TULSA** may conduct inquiries into my background that may include criminal records, motor vehicle records, personal references and other public record reports pertaining to me. When requested by an employer motor vehicle records or a driving history may be obtained. American Driving Records will provide motor vehicle records from the state of Louisiana.

**I authorize without any reservation, any person, agency, or other entity contacted by FELLOWSHIP BIBLE OF TULSA or ACCUFAX Div., Southvest Inc., their agent for purposes of obtaining background report information, to furnish the above-mentioned information.**

I release **FELLOWSHIP BIBLE OF TULSA**, their respective employees or ACCUFAX Div., Southvest Inc. their agent and employees and all persons, agencies and entities providing information or reports about me from any and all liability arising out of furnishing any such information or reports.

**Requested by: 422415** **PLEASE PRINT INFORMATION BELOW**

FULL LEGAL NAME \_\_\_\_\_ DOB \_\_\_\_\_

OTHER NAMES USED \_\_\_\_\_ SS \_\_\_\_\_

DRIVERS LIC # \_\_\_\_\_ STATE ISSUED \_\_\_\_\_

**Please note: if your address is a rural route, or post office box, we must have City & County mail was delivered**

Current Address \_\_\_\_\_ City \_\_\_\_\_ Co. \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_  
How long at this address? (Months/Years) \_\_\_\_\_

Previous Address \_\_\_\_\_ City \_\_\_\_\_ Co. \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_  
How long at this address? (Months/Years) \_\_\_\_\_

Previous Address \_\_\_\_\_ City \_\_\_\_\_ Co. \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_  
How long at this address? (Months/Years) \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_ **Date** \_\_\_\_\_

LIST ALL CITY/STATES RESIDED AT SINCE AGE 18 AND HOW LONG IN EACH CITY/STATE:

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