



SHORT TERM TRIP DOCUMENTS FOR LEADERS

COMPILED 3.24.16

For Office Use Only

Date Rec'd _____

Deposit Rec'd _____

Status _____



Fellowship Bible Church
5434 East 91st Street
Tulsa, OK 74137

Mission Trip

Destination _____

Dates _____ Total Cost of trip _____

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
-------	--------	------

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? _____

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

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

Please explain: _____

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

III. SKILLS INFORMATION:

1. Indicate your skills in languages other than English: _____

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

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

—

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 _____

FELLOWSHIP BIBLE CHURCH

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:

Date: _____

Parent and/or Legal Guardian

INSURANCE INSTRUCTIONS

Every FBC sponsored trip must be covered by insurance. All trip leaders must submit insurance information at least 60 days prior to any trip. The church has a policy that will cover medical and emergencies. The average cost is \$3.30 per person per day, regardless of age, trip cost or duration.

The policy does NOT include optional trip cancellation and interruption coverage. If this is needed please contact the insurance agency for additional information.

Gallagher Charitable International Insurance Services Volunteer Missionary Travel Insurance

You must access the ONLINE ENROLLMENT FORM <https://www.travelwithgallagher.com>

On the first page select the proper trip identifier (ie. Short term group, or individual)
Please use the leader passport number when it asks for passport or church id.
You will fill out a page, then wait until you receive a confirmation email to register your team.

The client Service staff is available from 8:30-5:00 EST to answer questions regarding the insurance program or the enrollment procedure. Please be aware that they often experience heavy phone volume. Please leave your contact information if no one takes your call and they will call you back promptly, usually the same day.

Due to corporate underwriting and security guidelines, they are not permitted to complete enrollments or process payments over the phone.

Arthur J. Gallagher & Co.
1301 Gervais Street, Ste 400
Columbia, SC 29201
1.800.922.8438
1.803.451.3017
1.803.252.1988 fax
Gallaghercharitable.aig.com

Leader: Please read your policy carefully. Take any copies you need with you one your trip. Note the details for notifying the company of a claim, both while on the trip and then home. Be prepared to follow the steps laid out for you.

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

FORM 8--MISSIONS TRIP PLANNING SCHEDULE+A1:B41	
	Date Complete
A. Task Force selects trip	
1. Alert Elders about proposed trip	
2. Contact destination host	
*Set timing, obtain cost estimate	
*Set purpose, approximate activity schedule	
*Determine team requirements, team make up	
*Discuss accommodations and safety concerns	
* Discuss travel arrangements, in and out of country	
*Discuss details specific to destination country	
B. Get Elder approval for trip no later than 60 days before departure date.	
C. Team Leader appointed by Task Force Leader	
D. Team formed by Task Force and Team Leader	
1. Develop list of proposed candidates	
2. Announce trip to church body and contact interested candidates	
E. Team Leader forms trip Team	
1. Hold orientation meeting to describe trip (destination, cost, needs, conditions, etc)	
2. Interested candidates given forms to complete	
3. Approve candidates	
4. Guidelines and Orientation manuals to team	
5. Review manuals with team, especially fund raising	
6. Trip team members should get passports and visas	
7. Start orientation training sessions/ team building	
8. Start fund raising	
9. Work with Task Force leader and Church Treasurer to develop budget (no less than 30 days before leaving)	
10. Give Church Treasurer team member list as soon as fund raising begins.	
F. Team Leader's Check List	
1. Travel documents on hand (visas, colored copies of passports, medical, etc)	
2. Travel arrangements confirmed	
3. Host expectations reviewed and met	
4. Monthly progress on fund raising	
5. Fundraising completed	
6. Orientation training completed	
7. Members medical requirements met	
8. Meet with Operations Director, complete insurance forms 45 days before departure *	
9. Meet with Church Treasure with signed trip budget 14 days before departure **	
10. Make arrangements for Commissioning and Return report with Admin Asst.	
* This item is required before any trip, domestic or international, is taken	
**FBC funds will not be dispersed until the Budget Estimate Worksheet is signed by all parties.	
* ** The timing shown for both these items is the minimum necessary.	

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: _____

Form 10 - Mission Trip Expense Worksheet
Mission Trip to
Trip Dates -

	<i>Estimate</i>	<i>Actual</i>	<i>Variance</i> Act vs Bud
Total Trip Cost	\$ -		
Revenue			
Contributor Funds	\$ -	\$ -	\$ -
FBC Budgeted Funds	\$ -	\$ -	\$ -
Other Funds	\$ -	\$ -	\$ -
Total Revenue	\$ -	\$ -	\$ -
Expenses			
Airfare	\$ -	\$ -	\$ -
Rental Vehicle(s)	\$ -	\$ -	\$ -
Fuel for Rental Vehicles	\$ -	\$ -	\$ -
Trip Insurance	\$ -	\$ -	\$ -
Lodging	\$ -	\$ -	\$ -
Meals	\$ -	\$ -	\$ -
Ministry Projects	\$ -	\$ -	\$ -
Gifts	\$ -	\$ -	\$ -
Total Expenses	\$ -	\$ -	\$ -
Net Mission Expenses	\$ -	\$ -	\$ -

Required Approvals:

	Date	Overall Trip Approval <i>(no later than 60 days prior to trip departure date)</i>
Elder		
	Date	Confirm Insurance Coverage <i>(no later than 45 days prior to trip departure date)</i>
FBC Operations Director		
	Date	Confirm Budget Estimate <i>(no later than 30 days prior to trip departure date)</i>
Missions Team Treasurer		
	Date	
Short Term Trip Task Force Leader		

4/30/2013

SHORT TERM TRIP EVALUATION (BY LEADER)
(Return to Trip Task Force Leader)

Name _____ Trip dates _____ Destination _____

What was your general impression of the trip (Use back page if needed)?

Relationship with the Local Church and Workers:

1. How do you feel the host workers see this trip as profitable to their ministries?
2. Describe your interaction with the local people.
3. Describe what long term effect your visit might have on the local ministry.

Spiritual Fruit

1. Describe a few of the opportunities you had to share your faith verbally, and/or by your actions.
2. What blessing did you experience or witness from this ministry?
3. How has this trip affected your life?

General

1. Do you have any suggestions for improving the next trip?
2. Were there significant administrative or communication deficiencies?
3. Other comments?

Worker Survey (After trip)

Please be very honest with us!

One a scale of 1-10 (one being not much to 10 being heavy work load)

How much work did this trip require from you on the front end? _____

- How could these have been easier?

During our trip, how much work was required from you or your team? _____

- How could we have lessened your load?

Was this trip distracting or helpful to furthering the work you already do on the field?

- How could this be improved?

How was your communication with the trip leader?

- How could this be improved?

Were there issues you would like to communicate with the FBC leadership?

Were there blessings you saw as a direct result of this team working with you?

What would you like from future teams who work along side you?

