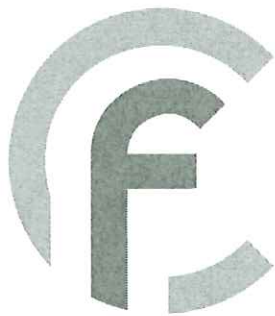


TEAM MEMBER
Short-Term Missions Team
Application Booklet

*All the scriptures are taken from either the
New International Version (NIV), New Living Translation (NLT),
or the New King James Version (NKJV) of the Bible.*



CALLAHAN FIRST
BAPTIST CHURCH

FOR THE COMMUNITY. FOR THE GOSPEL.

PO Box 605
Callahan, FL 32011
904-879-2172
Fax: 904-879-5215

Dear Missions Partner:

I am excited that you sense God's leadership to participate in one of our missions projects. Whether it is a Jerusalem, Judea, Samaria, or ends of the earth project, we take seriously our responsibility to share Christ with our world.

In the pages that follow you will find helpful information and certain forms that must be processed in order for you to be considered for the project. Please read and follow all instructions carefully. If you have questions, your team leader will be glad to assist you.

I want you to know that I will be one of your personal prayer team members while you are serving on this mission trip. God has a great plan for you. Not only does He want to use you to minister to others, but He also wants to teach you and shape you into the image of Jesus through this experience. Ask Him for a submissive and teachable spirit so that He can accomplish all He desires to do in you and through you.

I look forward to your return and the reports of God's faithfulness in your life.

In Jesus,

A handwritten signature in cursive script, appearing to read "D. Lynn Hyatt".

D. Lynn Hyatt
Pastor

*For God is not unrighteous to forget your work and labor of love, which ye have showed toward his name, in that ye have ministered to the saints, and do minister. **Hebrews 6:10***

APPLICATION FOR SHORT TERM MISSIONS

First Baptist Church Callahan * 45090 Green Ave.* PO Box 605 * Callahan, FL 32011-0605 * (904) 879-2172 * Fax # (904) 879-5215

PERSONAL INFORMATION

Name _____ Date _____

Present Address _____

City _____ State _____ Zip Code _____

Telephone # – Home (____) _____ Work (____) _____ Cell (____) _____

Email Address _____ @ _____ . _____

Permanent Address _____

City _____ State _____ Zip Code _____

Telephone Number (____) _____

Date of Birth _____ Social Security Number _____ - _____ - _____

Citizenship _____ Country of Birth _____

Passport Number _____ Expiration Date _____ / _____

City and State Where Issued _____

Name as It Appears on Passport _____

Male Female

Marital Status (please check one)

Single Married Separated Divorced Engaged Widowed Annulled Divorced & Remarried

Spouse's Name _____

Names & Ages of Children _____

Emergency Contact:

Name _____ Relationship to You _____

Address _____

City _____ State _____ Zip Code _____

Telephone Number – Home (____) _____ Work (____) _____

If you are under 18 years old or living at home Parent(s) Name(s): _____

Have you talked with your parents about Short Term Ministry? Yes _____ No _____

Are they supportive? Yes _____ No _____ If no, please explain _____

FIELD

Name of Mission Project _____ Team Leader _____

Dates of the Project _____ Field Assignment (Country) _____

Please describe the ministry you will have on the field (What is the purpose of the trip) _____

Please indicate any foreign language training, special skills, talents or Christian service experience that you feel may be helpful on the field _____

Have you read the Support Raising Guidelines for your Short Term trip? Yes _____ No _____

What is your total dollar amount for this trip? _____

Please list Missions experience:

<u>Country</u>	<u>Mission Organization</u>	<u>Dates</u>	<u>Ministry</u>

INVOLVEMENT

How long have you been a member of CFBC ? _____ List the ministries with which you have been involved at FBCC, including time of involvement with any leadership positions held _____

How would you describe your daily relationship with Jesus Christ? _____

List the ministries with which you have been involved outside of your church, including time of involvement with any leadership positions held _____

What are your spiritual gifts? _____

In what areas of your life have you seen spiritual growth? _____

Have you had training in personal evangelism? Yes _____ No _____ Please explain _____

REFERENCES

Please provide three references. One reference should be one of the church associate pastors or a department director in a ministry in which you serve or attend. The other references should be people who know your ministry abilities as well as your strengths and weaknesses.

Name _____ Relationship _____

Address _____

City _____ State _____ Zip Code _____

Telephone Number – Home (____) _____ Work (____) _____

Name _____ Relationship _____

Address _____

City _____ State _____ Zip Code _____

Telephone Number – Home (____) _____ Work (____) _____

Name _____ Relationship _____

Address _____

City _____ State _____ Zip Code _____

Telephone Number – Home (____) _____ Work (____) _____

TESTIMONY

In the space provided below, please share your salvation testimony. Please include how long you have been a believer, how you were saved, and describe your walk with the Lord at the present time.

Briefly describe why God is calling you to participate on this trip. _____

What do you see as your role on this ministry team? _____

ACTIVITY PARTICIPATION AGREEMENT

ACTIVITY INFORMATION

(To be completed by the activity sponsor)

Name of sponsoring organization: Callahan First Baptist Church
Address: 45090 Green Ave.; PO Box 605; Callahan, FL 32011 Telephone: (904) 879-2172
Name of Team Leader: _____ Telephone: _____
Description of activity: _____

Date(s) and location of activity: _____

PARTICIPANT INFORMATION

(To be completed by participant or an authorized guardian)

Name of participant: _____
Address: _____ Telephone: _____
Name of emergency contact: _____
Telephone: _____
(Day) (Evening)
Is sponsor authorized to approve medical treatment? _____ Yes _____ No
Is participant covered by personal/family medical insurance? _____ Yes _____ No
If yes, name the insurer: _____ Policy or group number: _____
How would you describe your present health? () Excellent () Good () Average () Poor
Please state any major illness (es) you have had in the last five years _____
Are you presently under the care of a physician? () Yes () No If yes, please explain _____
Please list any medication you are taking _____
Please list any allergies you have _____
Please explain any physical challenges that you may face on this ministry trip _____

PARTICIPATION AGREEMENT

By signing below, the participant (or parent/guardian if participant is a minor) acknowledges and accepts the risks of physical injury associated with participation in the activity described above. Except for gross negligence on the part of the sponsor, the participant (or parent/guardian) accepts personal financial responsibility for any bodily or personal injury sustained during the activity. Further, the participant (or parent/guardian) promises to hold harmless the sponsoring organization and its representatives for any injury related to the activity.

If a dispute over this agreement or any claim for damages arises, the participant (or parent/guardian) agrees to resolve the matter through a mutually acceptable arbitration process.

Signature: _____ Date: _____
(Participant or parent/guardian if participant is a minor)