



First Baptist Wylie Missions 2012

Team Member Application

Team Member Application

Application Date: _____

Location and Dates of trip: _____

Personal Information

Name: _____
Last First Middle

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (____) ____ - ____ Work Phone: (____) ____ - ____ Cell Phone: (____) ____ - ____

Email: _____ Gender: () Male () Female Date of Birth: _____

Marital Status: Single Engaged Married Widowed Separated Divorced

If Married, Spouse's Name: _____

If you have children,

<u>Children's Name(s)</u>	<u>Age</u>	<u>Gender</u>
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you regularly attend a Growth Group? () Yes () No

Please give the name of your Growth Group leader and how long you have attended: _____

Relationship to First Baptist Wylie

Check one and complete the requested information

Member since _____ (month/yr) and have attended since _____ (month/yr).

Regular attendee and active in church since _____ (month/yr) and anticipate church membership _____ (month/yr).

Member of a church other than First Baptist Wylie. Specify church _____

References

List your Growth Group leader or another church leader (Deacon, Ministry Leader or Mission Leader) of FBW who knows you and could best serve as a reference.

Medical History

Please list any medical conditions that the Missions Department and the Team Leader needs to be aware of.

Passport Information

Do you have a passport? () Yes () No () Applying

Name (as it appears on your passport): _____

Passport Number: _____ Issue Date: _____

Passport Expiration Date: _____

Travel Insurance Information

First Baptist Wylie will purchase traveler's insurance on your behalf. Please list your beneficiary for this purpose below.

_____	_____
Name	Relationship

Frequent Flyer Information

American Airlines _____

Alaska Airlines _____

British Airways _____

Continental Airlines _____

Delta Airlines _____

Frontier Airlines _____

Lufthansa Airlines _____

South African Airways _____

Southwest Airlines _____

United Airlines _____

U.S. Airways _____

One World Alliance Number _____

Star Alliance Number _____

Personal Background

Please share your salvation story in 100 words or less.

Describe two or three defining moments in your spiritual journey and explain their significance.

Describe your current devotional practices (Bible study and prayer) which aid in your growth relationship with Christ.

Explain the gospel, and describe the last time you shared it with someone.

What do you believe is the biblical mission of the church?

How are you practically living out the biblical mandate “to make disciples”?

What is your current occupation (i.e. student, business, media, etc.)?

Tell us more about your talents, work experiences, skills, and/or foreign languages that may be helpful for future trips. Please indicate your level of proficiency: working knowledge, fluent, etc.

Ministry Experience

List ministries at First Baptist Wylie that you have been involved in, both past and present. Include length of involvement and ministry leader for each ministry.

List any cross-cultural and short-term global or domestic experiences you have had (beginning with the most recent). Indicate the length of each, the country, the ministry name and a team leader. Also indicate if you have ever been a short-term leader.

If you have been on any previous short-term teams, describe any missions-related involvement since your last trip (i.e. books read, conferences attended, ministries you are part of, missionaries supported, etc.).

All other travel experience (i.e. global vacations, business trips to foreign cities, etc.):

This Trip

Your expectations greatly influence the success of a short-term mission trip. Over the months ahead, the training you will receive will help refine your expectations. Please describe your initial expectations.

What is your family's attitude toward your interest in this trip?

How do you sense the Lord is leading you to be a part of this mission team?

Please answer each of these questions

Yes or No Do you Tithe?
If no please explain: _____

Yes or No Do you have a daily devotion (Quiet Time)?
If no please explain: _____

Yes or No Do you share your faith story regularly?
If no please explain: _____

Yes or No Do you have a intentional prayer life?
If no please explain: _____

Yes or No Have you ever been convicted of a felony?
If yes please explain: _____

Mission Trip Team and Financial Covenant

Registration

Registration is complete for a participant only when BOTH a 10% non-refundable, non-transferable deposit and Team Member Application are turned in to the First Baptist Wylie Missions Office. Registration can be initiated by turning in the deposit or application but will not be complete, and therefore reviewed, until the other component is received.

Payment Schedule

All payments for Mission Trips should be turned in to the First Baptist Wylie Mission Team Leader or Missions Department and are to be made payable to First Baptist Wylie. Further details can be found in the Short-Term Mission Team Financial Policy document included in this packet.

- 10% non-refundable, non-transferable deposit
- 50% of the cost of the trip is due 60 days prior to departure
- 75% of the cost of the trip is due 45 days prior to departure
- 100% of the cost of the trip is due no later than 30 days prior to departure

Note: No refunds will be given for excess funds given.

Disclaimer

Please initial in the space provided as an indication of your understanding and agreement of the statements.

- ___ First Baptist Wylie will not be responsible for extra trip expense (i.e., airline or hotel fare changes). Should these occur, they will be passed along to the traveler.
- ___ I will agree to return home at my own expense if the Team Leader in conjunction with the Mission Experience determines my behavior is/has been inappropriate and therefore jeopardizing the short and/or long-term ministry partnership.
- ___ I understand that my involvement on this trip can be denied prior to travel in the event that I do not participate in the full preparation of the trip (i.e., Team Member Training) and as a result could compromise the effectiveness of the trip.
- ___ I will abstain from the purchase and consumption of alcohol on this trip regardless of my personal convictions.

In submitting this application:

- I am expressing my agreement with First Baptist Wylie's Vision, Mission, Goals, Values, and Strategy
- I am willing to work under the direction of the First Baptist Wylie Missions Team, Team Leader, and Field Partners to accept and to perform any and all assignments with a God-honoring attitude.
- I am willing to conform to the standards of the National in country Christians, even if those standards are stricter than my own.
- I agree to be subject to a background check.
- I am confirming that I have the time and energy to devote to the pre-, mid-, and post-trip responsibilities.
- I agree to participate in the Short-Term Team Member Training arranged by the Short-Term Team Leader and complete all requirements for the trip.
- I have read and agree to the above deposit and payment information along with the financial guidelines described in First Baptist Wylie's Financial and Team Covenant.

Signature

Date

First Baptist Wylie Mission Team Financial Policy

It is the desire of the Mission's Department's Staff to be good stewards of the finances we have been entrusted with. These policies were developed with that desire in mind.

Mission Team Leaders are responsible for communicating these policies to team members and ensuring that all team members adhere to the payment schedule.

Payment Options:

- All checks should be made payable to **First Baptist Church Wylie**. All checks must include, "**(team member's name, trip location and date)**", in the memo line. You can also place your check in the **Mission Envelope** designated for your trip. Any checks received not including this information could be mistaken for General Budget. First Baptist Wylie is registered with the Internal Revenue Service as a 501 © (3) non-profit organization. Donors will receive receipts for their gifts with the understanding that the disbursement of those gifts is completely at the discretion of TCABH and that the gifts are non-refundable and non-transferable, per IRS regulations. Gifts may be tax-deductible; please consult a tax advisor.
- Personal checks may be mailed to First Baptist Wylie, Attn: Chad Womack, 100 North First Street, Wylie, Texas 75098. All outside Support checks given on a Team Members behalf must be written to First Baptist Wylie and needs to be designated to the Team Member.
- You may deliver your checks in person to the Mission Department Office Monday – Friday, give those to the Trip Team Leader or give them to the representative working the Mission Center on Sunday.
- You may also bring checks to your team meetings. Checks will then need to be collected and turned in to the church office.

Deposits and Registration:

All payments for Mission Trips should be turned in to the First Baptist Wylie Mission Team Leader or Missions Department and are to be made payable to First Baptist Wylie. Further details can be found in the Short-Term Mission Team Financial Policy document included in this packet.

- 10% non-refundable, non-transferable deposit
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Note: No refunds will be given for excess funds given.

Expenses:

- **Expenses will not be paid unless there are adequate funds in your trip account.** A budget of all anticipated expenses should be submitted within 2 weeks of initially registering the trip with the Mission's Department.
- Any changes in expenses must be communicated with Chad Womack immediately. The cost of the trip should be adjusted accordingly if necessary.
- Additional personal expenses incurred while on the trip will not be covered by First Baptist Wylie.
- Airline tickets are generally purchased **60 days prior to departure**.
- Tickets are non-refundable and non-transferable.

Changes and Cancellations:

- Changes or cancellations to your registration should be communicated to the Missions Department or through your team leader.
- Refunds will be issued only for expenses that have not been paid. Payments for expenses that have already been paid are non-refundable and non-transferable between trips.



Background Screening Consent Form

COMPLETE ALL INFORMATION, SIGN AND DATE (in areas left blank, print N/A)

I, _____, hereby authorize First Baptist Wylie and/or its agents to make an independent investigation of my background that may include: references, character, past employment, education, credit history (if applicable for position), adult criminal or police records, and motor vehicle records including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my Application and/or obtaining other information which may be material to my qualifications for service now and, if applicable, during the tenure of my employment or service with FBW.

I release First Baptist Wylie and its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims or lawsuits in regard to the information obtained from any and all of the above-referenced sources used. The following is my true and complete legal name and all information is true and correct to the best of my knowledge:

FULL NAME (Printed) _____

MAIDEN NAME or OTHER NAMES USED _____

SOCIAL SECURITY NUMBER _____ - _____ - _____ Date of Birth* ____/____/____

PRESENT ADDRESS _____

CITY _____ STATE _____ ZIP _____

How Long at Present Address? _____

PREVIOUS ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOW Long at Previous Address? _____

List all states and counties of residence since turning age 18 _____

Circle any of the following states in which you have lived CA, CO, DE, LA, MA, SD, VT, WV, WY

If you have you ever been convicted or plead guilty before a court for any federal, state or municipal criminal offense, excluding minor traffic misdemeanors; please explain in writing on back of this page, or inform the minister requiring background screening consent.

If you have ever received deferred adjudication or similar disposition for any federal, state or municipal offense; please explain in writing on back of this page, or inform the minister requiring background screening consent.

DRIVER'S LICENSE NUMBER _____ ISSUING STATE _____

_____ DATE _____

SIGNATURE OF APPLICANT

By my signature above, I authorize FBW to request background screening as needed, until I revoke my consent in writing.

*NOTE: This information is required for identification purposes only, and is in no manner used as qualifications for employment, internship, or service as a volunteer. FBW abides by all applicable state and federal employment laws.

OFFICE USE ONLY:

MINISTRY AREA REQUESTING BACKGROUND SCREENING:

- Administrative
Preschool
Children
Youth
Missions

- Signed & Dated Consent Form
Background Check Completed
By:
Follow-up Required
2 Year Run Date

Date:
Date:
Reviewed By:
Date: