



**Mission is making the invisible God visible in our community and around the world by
embodying the reign of Christ in word and deed.**

Bethany Community Church Short-Term Mission Application

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Email: _____ Age: _____

Gender: _____ Global Partner of interest: _____

Travel Documentation

Are you a citizen of the United States? Y / N Do you have a valid passport? Y / N

If no, what is your legal immigration status and what travel documentation can you provide?

Passport Number: _____

Date of Birth as it appears on passport: _____

Full name as it appears on passport: First _____

Middle _____ Last _____

Emergency Contact Information

In case of emergency contact name:

Address: _____

City: _____ State: _____ Zip Code _____

Home Phone: _____ Work Phone: _____

Email: _____

Ministry Experience

Name of the church you now attend: _____ How long: _____

Have you attended a Global Partners information session or training? Y / N

What church ministries have you been involved in: (teaching Sunday School, youth, music, etc.):

What community volunteer activities have you participated in:

List any additional attributes you may have to contribute to your ambassadorship:

What foreign languages do you speak? _____

How fluent are you in each? _____

Do you have any global mission experience? _____ If so, when _____

Where and with what organization: _____

What do you hope to give and gain from this trip?

Please list 2 references: _____



**Mission is making the invisible God visible in our community and around the world by
embodying the reign of Christ in word and deed**

Bethany Community Church Short- Term Mission Application Medical Information

Name: _____

Health Insurance company: _____

Policy number: _____

Contact Person: _____ Phone number: _____

Doctor's Name: _____ Phone Number: _____

General health for the past 2 years: Excellent: _____ Fair: _____ Poor: _____

Do you have or have you had any history of (if yes, explain below):

_____ High Blood Pressure	_____ Diabetes	_____ Heart Trouble
_____ Low Blood Pressure	_____ Asthma	_____ Other Chronic
_____ Seizures/Epilepsy	_____ Malaria	Diseases

Explanations: _____

Information about any prescriptions currently being used:

List allergies to medications and food: _____ Special

dietary needs: _____ Other Health

Information: _____

Background Check Authorization Form

Please print and fill out completely

Ministry Missions

First Name _____ Middle Name _____

Last Name _____

Maiden Name/Alias _____ Gender Male Female

Social Security Number _____ - _____ - _____ Birth Date ____/____/____

Driver's License Number _____ Issuing State _____

Address _____

City/State/Zip _____

How long have you lived at the above address? _____

How long have you lived in your current county of residence? _____

If you have lived in your current county of residence for less than 6 months, please list your previous city and state of residence and the length of time there.

City, State (county, if known):	Length of time
_____	_____
_____	_____

Are there any concerns from your past or present that Bethany Community Church should be aware of? If yes, what are they? _____

It is the policy of Bethany Community Church to check the background of each potential volunteer and employee to ensure the safety of children and other dependent persons with whom they may have contact. Information provided on this form will be held in strict confidence and will not be disclosed to any unauthorized person or organization.

Signature _____ Date ____/____/____

Print Name _____

Assumption of Risk/Liability Release

PLEASE READ CAREFULLY

I _____, am aware in signing this document for participation in Bethany Community Church's program, that certain elements of the activity are physically and emotionally demanding. Furthermore, I understand that certain risks and dangers, such as those listed below, exist in the activities in which I am participating. These risks include loss or damage to personal property, injury or fatality due to inclement weather, slipping, falling, insect bites, accident or illness in remote areas without easy access to medical facilities or while traveling to and from the activity site. I acknowledge that while Bethany Community Church and its staff will make every reasonable effort to teach me proper outdoor techniques to minimize exposure to known risks, all hazards and dangers associated with this activity cannot be foreseen. I have a personal responsibility to learn and to follow the safety rules and procedures established by Bethany Community Church staff and their volunteer helpers and will make them aware at any point in which I question my knowledge of these procedures or my ability to participate in any activity.

In consideration of being allowed to participate in the Bethany Community Church program, I hereby personally assume, for myself or for my minor child as the case may be, all risks in connection with said program for any injuries or damages which may occur to myself or my child as participants and do fully and forever release Bethany Community Church, its board members, employees, volunteers and other agents from any and all claims, whether the same be know, anticipated or unanticipated, resulting from or arising out of the participant's commencement of the activity or use of the facilities, equipment, and property of Bethany Community Church. I understand that any route of activity chosen as part of our outdoor adventure may not be the safest, but has been chosen for its interest and challenge. I do, for myself, and on behalf of my minor child as the case may be, agree to indemnify and hold harmless Bethany Community Church and its affiliates and the employees, volunteers or other agents thereof from any liability and expense for personal and property damage, or injury not caused solely by their negligent actions.

My signature on this document is also intended to bind my successors, heirs, representatives, administrators and assigns.

Name: _____ Phone: _____

Address: _____ Zip Code: _____

Signature of Participant _____

Signature of Parent/Guardian: _____

Activity: _____

We/I authorize the authorities of Bethany Community Church to consent to emergency examinations and or diagnostic procedures, procurement of medical treatment, emergency surgery or administration of necessary anesthetics when, in the opinion of any physician or surgeon of good standing, such medical treatment is necessary for the mental or physical health of the participant and I/we cannot be reached within a reasonable time to obtain our consent to treatment. This grant of authority shall not create an independent DUTY on the part of Bethany Community Church's employees or volunteers to consent to treatment. IF THE PARTICIPANT IS UNDER 18 YEARS OF AGE, A PARENT OR LEGAL GUARDIAN MUST SIGN THIS CONSENT FORM.

Signature _____

Date _____



Mission Statement: Missions is the response to God's call, partnering with Him in sharing His message of salvation through word and action.

Bethany Community Church Mission Trip Covenant

I realize the following commitment is crucial to the effectiveness, quality, and positive expression of our mission together. As a participating member of this mission trip I commit to:

- *Sharing the love of Christ in ways that make a Christian difference.
- *Lifting up Jesus Christ with my thoughts, words, and actions.
- *Developing and maintaining a servant's attitude toward the people we serve, as well as, toward each team member.
- *Praying for and supporting my team leaders and their decisions.
- *Accepting the ministry that is going on in the areas where I am serving, though it may differ from my approach.
- *Abstaining from the use of alcohol, tobacco, illegal drugs, offensive clothing, and profanity from my departure until I return home.
- *Refraining from negativism and complaining. Travel and ministry outside my church may present unexpected and even undesired circumstances. However, my support and creativity will enhance the moment, while complaining and negativism will destroy the moment.
- *Refraining from gossip. If it is not true, good and positive, I will not say it.
- *Remembering that the mission is to learn and serve, not to teach and boss. I will resist the temptation to inform our hosts about how I normally do things.
- *Remembering that I am a servant of Jesus Christ called to be in ministry with the host church.
- *Serving as best as I can so that both the purpose and the task of the mission will be accomplished.

I understand and agree that in the event that my conduct is considered so unsatisfactory that it jeopardizes the success of the trip and mediation during the trip has failed to correct my behavior, the trip leader reserves the right to terminate my services in connection with this mission trip. I will be financially responsible for the extra costs to return home.

Signature: _____ Date: _____



References for Short-term Mission Applicants

In order to increase awareness and support for God's work around the world, each year Bethany Community Church sends out intergenerational teams to work with local missionaries. These trips have been life-changing experiences for the participants. The mission committee requires **two personal references** for each team member. Please respond to the following questions and return the form to the team leader. All answers are kept confidential.

Name of applicant:

Reference's name:

Date:

Mission Trip:

Team Leader:

1. How long have you known the applicant?
2. What is your relationship to the applicant?
3. What character strengths will the applicant bring to the missions team?
4. Would you recommend this applicant as a person capable of interacting with leaders and peers in a God-honoring way in a cross-cultural setting and why?
5. Do you have any concerns about this applicant going on a short term missions trip?

Thank you very much.

Signature: _____



References for Short-term Mission Applicants

In order to increase awareness and support for God's work around the world, each year Bethany Community Church sends out intergenerational teams to work with local missionaries. These trips have been life-changing experiences for the participants. The mission committee requires **two personal references** for each team member. Please respond to the following questions and return the form to the team leader. All answers are kept confidential.

Name of applicant:

Reference's name:

Date:

Mission Trip:

Team Leader:

1. How long have you known the applicant?
2. What is your relationship to the applicant?
3. What character strengths will the applicant bring to the missions team?
4. Would you recommend this applicant as a person capable of interacting with leaders and peers in a God-honoring way in a cross-cultural setting and why?
5. Do you have any concerns about this applicant going on a short term missions trip?

Thank you very much.

Signature: _____