

SHORT-TERM MISSIONS APPLICATION

Application Date: _____

Mission Location: _____

PERSONAL INFORMATION

Please type or print **FULL LEGAL NAME** (as it appears on your passport) legibly in black ink

Name: _____

Preferred name: _____

Date of birth: _____

Street Address: _____ Apt. No. _____

City: _____ State: _____ Zipcode: _____

Cell Phone: _____

Preferred Email: _____

Marital Status: (please check)

Single Engaged Married Widowed Separated Divorced

Spouse's Name: _____ # of children: _____ Ages: _____

PASSPORT INFORMATION

Country: _____ Passport Number: _____

Issue date: _____ Place of issue: _____ Expiration date: _____

CHURCH INFORMATION

Name of church: _____

Ministries involved in: _____

Pastor's Name: _____ Pastor's Email: _____

Pastor's Number: _____

PERSONAL BACKGROUND

Describe how you came to trust Jesus Christ as your Savior. (You may use additional paper)

Describe your current practice of devotions (Bible study & prayer):

Type to enter text

MINISTRY EXPERIENCE & SPIRITUAL GIFTS

List any cross-cultural and short-term experience.

Type to enter text

What gifts, talents, abilities, and professional skills do you have that might contribute to your ministry on a short- term mission trip?

Type to enter text

Do you speak a language other than English? If so, please list along with fluency (i.e. a little, conversational, fluent):

Type to enter text

Lastly, explain what the Great Commission is.

Type to enter text

By signing this application, you understand that the Director of Missions, Volunteer Missions Coordinator, and the team leader of the mission trip may decline your application due to reasons that will be explained if denied. The association desires to see its members serving the Lord through missions, but certain trips are not meant for everyone, so please respect and understand why you may be denied. You are also agreeing that all the information above is truthful and your soul purpose of applying is to fulfill the Great Commission.

Applicant Signature: _____ Date: _____



Mission Trip Medical and Liability Release Form

Name: _____ DOB: _____

Address: _____

City: _____ Zip: _____ Phone: _____

Email Address: _____

Emergency Contact Person: _____ Relationship: _____

Address: _____ Phone: _____

Name and phone number of alternate adult contact in case person above cannot be reached in an emergency:

Name: _____ Relationship: _____ Phone: _____

Medical History:

Special Medical Problems (if any): _____

Special Medications: _____

Routine Medications (with name & dosage): _____

Medication Allergies (if any): _____ Date of Last Tetanus Shot: _____

Doctor: _____ City: _____ Phone: _____

Medical Insurance Name: _____ Policy Number: _____

Check One:

My son/daughter/ward _____ is under the age of eighteen (18). **OR**

I am an adult over the age of eighteen (18).

I release and discharge all parties associated with JST Baptist Association for damages arising directly or indirectly from medical attention which may be administered. I further give my consent to JST Baptist Association representatives to exercise their judgment concerning the proper administration of medical attention to the above-named person. I also give my consent for JST Baptist Association representatives to sign documents permitting the performance of medical assistance as deemed necessary by a legally licensed physician or dentist at the time of illness or injury. I further accept the financial responsibility for all expenses that may occur including medical attention which may be needed so long as this medical attention is prescribed by a legally licensed and qualified physician or dentist.

Every activity sponsored by this association is carefully planned and adequately supervised by mature adults. However, even with the best of planning and precaution, unforeseen events can occur. By signing this form, the signing adult agrees to assume and accept all risks and hazards concerning associations-related activities. They also agree not to hold this association or its employees or volunteer sponsors liable for damages, losses, or injuries to the person or property indicated on this form.

Signature

Date

PLEASE ATTACH A COPY OF YOUR INSURANCE CARD.

Pastor's Recommendation

CONFIDENTIAL

_____ has applied to be a part of a mission team and has given your name as a reference. Since all applications are held in strict confidence, we would appreciate your open and forthright comments as you answer each question. The application process is extremely important to the individual and to us as the sending association. To send someone domestically or internationally who could pose a danger to children or otherwise cause harm to our witness would severely undermine our desire to advance the Gospel. Thank you for your cooperation. PLEASE DO NOT RETURN THIS TO THE APPLICANT. Return it to JST Baptist Association, P.O. BOX 542, Dickson, TN 37056 or email to ashlinn@jstba.com.

1. How long have you known the applicant?
2. How would you describe the applicant's character?
3. Has the applicant ever given you any reason to doubt his/her character?
4. What spiritual strengths does the applicant possess?
5. What are the applicant's spiritual weaknesses?
6. Would you have any concerns about the applicant working with children or young people?
Please explain or contact Greg Ernsberger at (931)627-4151.
7. How would you rate the applicant's ability to use good judgment in stressful situations with others?

Signature _____ Date _____

Phone Number: _____ Church: _____

Email: _____