



Date received	___/___/___	Approval Initial	_____
Deposit \$	_____ # _____	Date	___/___/___
Refunded \$	_____	Date	___/___/___
		Initial	_____
Notes: _____			
_____			
<b>OFFICE USE ONLY</b>			

## FBCG Student Mission Trip Application Process

Please use this check list to make sure that all items have been submitted on or before the due date indicated on your Commitment Dates Sheet. **Your application will not be processed until all of the following items are submitted.**

- Application:** Completed in FULL, including ALL applicable signatures.
- Deposit:** Tier I (Summer Serve-current 8<sup>th</sup> and 9<sup>th</sup> graders): \$275.  
Tier II (Quito Quest-current 10<sup>th</sup> and 11<sup>th</sup> graders): \$700.  
Tier III (Czech Republic-current 12<sup>th</sup> graders and older): \$700.

This will be refunded if your application is not accepted. All checks should be made out to “First Baptist Church of Geneva.”

- Passport (for Tier II and Tier III trips only):** Attach three photocopies of your valid passport (the 2 pages with your photo and signature) **or** proof of application for a US passport or renewal (a photocopy of your passport application). This is applicable for all out-of-country trips. Visit <http://travel.state.gov/passport/> for information on applying for a passport.

*\*An interview may be required for acceptance.*

*\*A letter of acceptance will be sent upon approval.*

**Personal Information** (Please Print)

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Cell: \_\_\_\_\_ Parent E-Mail: \_\_\_\_\_  
(for Tier I and Tier II trip applicants)

To which *FBCG Student Missions* team are you applying?

Tier I-SUMMER SERVE     Tier II-QUITO QUEST     Tier III-CZECH REPUBLIC

Do you have a current passport (*Tier II and Tier III trip applicants only*)? Yes     No

If yes—  
Passport Number: \_\_\_\_\_

Expiration date: \_\_\_\_\_  
(Your passport must be valid for at least six [6] months beyond your departure date from the country you will be visiting.)

Full name *as it appears on passport*: \_\_\_\_\_

T-Shirt Size:

Adult:    S       M       L       XL       XXL

1. Describe in your own words what it means to be a Christ follower.

2. When and how did you come into a relationship with Christ?

3. What are you currently doing to grow spiritually?

4. What has God been teaching you lately?

5. Why do you want to be a part of this mission team?

6. What do you think you have to offer the team on this trip? What special skills, spiritual gifts, or character traits do you have that might be used on this team?

7. What are your concerns regarding working in a different culture? How do you react when things don't go according to plan?

8. Describe how well do you work with and get along with others. Would others describe you as a leader or a follower? Explain.

## ***Emergency Contact and Beneficiary Information***

Emergency contact name(s): \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone (Home): \_\_\_\_\_ (Work): \_\_\_\_\_ (Cell): \_\_\_\_\_

Alternate contact name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone (Home): \_\_\_\_\_ (Work): \_\_\_\_\_ (Cell): \_\_\_\_\_

Beneficiary (if different from emergency contact): \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone (Home): \_\_\_\_\_ (Work): \_\_\_\_\_ (Cell): \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_

*Identification #:* \_\_\_\_\_ *Policy/Group #:* \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Medications/Doses/Side Effects: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Allergies: \_\_\_\_\_

Special Conditions: \_\_\_\_\_

While FBCG Student Missions staff will not be responsible for the administration of medication, we do want to have knowledge of medications students will have in their possession for medical reasons. All prescribed medications must be in an original container or vial, as provided by the pharmacist, with the prescription/dosage affixed. Non-prescription (over the counter) medications must be provided in the original container labeled with the student's name. All medication must be listed. **Your signature below indicates your permission to allow your student to take listed medications with dosage indicated if needed.**

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

***Consent of Treatment and Disclaimer***

Name of Participant: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_

The undersigned(s) being at least eighteen years old, or the lawful parent(s) and/or guardian(s) of the above mentioned participant (“Participant”), hereby consents to the participation of the Participant in a 2009 FBCG Student Missions trip (“Activity”) as conducted by First Baptist Church of Geneva, IL, and to the participation of the Participant in all events relating to the Activity.

The undersigned hereby further authorize(s) any of the staff, employees, volunteer staff and representatives of First Baptist Church of Geneva, IL to provide for, approve and authorize any health care at any hospital, emergency room, doctor’s office or other institution; employ any physicians, dentists, nurses, or other person whose services may be needed for such health care; review and if necessary disclose the contents of any medical records; execute any consent form required by medical, dental or other health authorities incident to the provision of medical, surgical or dental care to the participant. Health care shall include but not be limited to the administration of anesthesia, X-ray examination, performance of operations, diagnostic and other procedures.

If there is no medical emergency, the staff, employees, volunteer staff or representatives of First Baptist Church of Geneva will first use reasonable efforts to contact the parent(s) and/or guardians(s), or emergency contact(s) before administering or authorizing any treatment.

Notwithstanding other provisions in this Consent Form, First Baptist Church of Geneva, IL, its staff, employees, volunteer staff, and representatives shall not have the authority to withhold or withdraw life-sustaining procedures for the participant.

The undersigned assume(s) all risk of injury or harm to the Participant associated with participation in the Activity and agree(s) to releases, indemnify, defend and forever discharge First Baptist Church of Geneva, IL and its staff, employees, volunteer staff, and representatives of and from all liability, claims, demands, damages, costs, expenses, actions, and causes of action (collectively the “Claims”) in respect of death, injury, loss or damage to the Participant(s) or by the Participant(s), howsoever caused, arising, or to arise by reason of or during the Participant(s)’s participation in a 2009 FBCG Student Missions trip.

This Consent Form may be revoked at any time before the expiration date with written notice to First Baptist Church of Geneva, IL.

I/we agree to cover all costs if I/my child need(s) to be sent home for disciplinary reasons.

\_\_\_\_\_  
Signature of participant  
and

\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent(s)/Guardian(s)(if 18 years or older)

**INTERNATIONAL TEAMS  
Waiver and Release Form  
For all applicants**

I/we have read this form carefully and am/are aware that by signing this form and by engaging in any missions work in any way planned, organized, coordinated, supervised or funded by International Teams, whether as an employee, independent contractor, volunteer, or in any other capacity, including without limitation any travel, training, orientation, support or other activities related to or incidental to such missions work (the "Missions Activities") at my/our own risk, I/we am/are WAIVING AND RELEASING, on behalf of myself/ourselves and all of my/our children or future children, all claims arising out of or related to such Missions Activities.

**ACKNOWLEDGMENT AND ASSUMPTION OF RISK OF INJURY AND LOSS**

I/we have fully informed myself/ourselves of all of the details of the Mission Activities I/we will engage in and have received satisfactory answers to all questions I/we have concerning Mission Activities, including the risks inherent in the Missions Activities and missions work in general, and believe and represent that I/we have the necessary abilities, skills and knowledge to participate in the Missions Activities. I/we further represent that I/we will similarly inform myself/ourselves before engaging in any Missions Activities that are not presently contemplated and I/we will not engage in any Mission Activities that I/we do not believe that I/we have the necessary abilities, skills and knowledge to participate in. I/we recognize and acknowledge Missions Activities involve risks of bodily injury, death, and property loss. I/we hereby agree to, and do, assume the full risk of any injuries including death, and of any property loss, and of all expenses, costs, damages and losses that I/we or the person on whose behalf I/we am/are signing, may sustain as a result of participating in any Mission Activities.

**WAIVER OF AND RELEASE OF CLAIMS**

I/we hereby agree to, and do, waive, release and relinquish all claims, demands, rights and action damages, liabilities and controversies of every kind, known and unknown, present and future, that I/we, or the person on whose behalf I/we am/are signing, may have against INTERNATIONAL TEAMS, their officers, agents, servants, employees, insurers, related or affiliated individuals or entities, successors and assigns arising out of, connected with, or in any way related to any Mission Activities.

I/we have read and fully understand the above WAIVER AND RELEASE OF ALL CLAIMS, and execute it of my/our free will and without any reservation whatsoever.

APPLICANT:

PARENTS OR LEGAL GUARDIAN  
(if applicant is a minor)\*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print name of applicant, if a minor

\_\_\_\_\_  
Print name of applicant

\_\_\_\_\_  
Address

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Print name of Parent or Legal Guardian

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

SUBSCRIBED and ACKNOWLEDGED BEFORE ME

\_\_\_\_\_  
Signature of Parent or Legal Guardian

THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Print name of Parent of Legal Guardian

\_\_\_\_\_  
Notary Public

\*The adult/legal age varies from state to state.

INTERNATIONAL TEAMS: 411 West River Road, Elgin, IL 60123

***Support-Raising and Financial Policies***

**Purpose:** Raising support is a God given opportunity to bless other people by allowing them to participate in God’s work around the world. Sending letters seeking prayer and financial support is important for all of us as we learn to know God as our Provider (I Kings 17:1-16), depend on the body of Christ (I Corinthians 12:25-26), and identify with missionaries who rely on our support.

**Support Raising Process**

1. Each individual will send letters with the goal of raising his or her portion of the total team expenses. Letters are due no later than two weeks after the first training session. Team members will ask for both financial and prayer support. If team members have the means to cover their own costs, they may indicate on their letter, “All of my costs have been covered, but please consider supporting me and the team in prayer.”
2. Team members are encouraged to tell those outside the church about what God is doing through them. Letters may be sent to friends, family, co-workers, classmates, etc. Team members may send support letters to those inside the church whom they know personally and would expect to receive a letter from because of their close personal ties, but keep in mind that those inside the church are already supporting the team through donations to the general fund and by coming to our fundraisers.

**Support Raising Policy: Trip Coverage**

1. Mission trip fees include all airfare, lodging, most meals, ground transportation, most ministry supplies, visas or exit fees, tips, travel insurance, training preparation, administrative fees, and special event costs.
2. Mission trip fees do NOT include passport application or renewal fees (including expediting passports), immunizations, airport meals, souvenirs, or most sightseeing fees unless directly related to the mission project. Any personal expenses incurred (phone calls, laundry, medical needs not covered by travel insurance, etc.) while involved with a First Baptist Church mission project are the responsibility of the team member who incurred the cost. Costs, travel arrangements, and schedules are subject to change.

**Support Raising Policy: Reimbursement**

1. All payments toward *FBCG Student Missions* teams are considered donations and are NOT available for refund as defined by the IRS. The following options are available for a team member, who for extenuating circumstances, is not able to be a part of the team after donations have been received:
  - 1) Funds can be applied toward the support of another team member.
  - 2) Donations/payments can be sent to the partner ministry as a donation.
  - 3) If expenses have been incurred (i.e. airline tickets, visas, etc.), any donations/payments for that individual will be put toward those expenses first. There are no refunds, except for application fees, if for any reason the applicant is not accepted.

### **Support Raising Policy: Tax Deductible Donations**

All donations should be made out to First Baptist Church of Geneva in order to be tax deductible. Team members will be given donation cards and response envelopes to send to potential supporters, and the responses will be sent back to the church.

### **Support Raising Policy: Personal Responsibility**

1. A \$700 is due with application. Applications will not be processed until deposit is received.
2. Each team member is expected to raise 100% of their funding after their \$700 application fee and a share of Student Missions budget money is applied toward their trip. This is done by participating in FBCG Student Missions fundraisers and by sending out support letters. Therefore, the cost of the trip is paid for as follows:
  - a. Application fee (\$700)
  - b. Student Missions budget money will be distributed evenly into the accounts of each team member.
  - c. Proceeds from the Servant Auction, Pie Auction, and other Student Missions fundraisers will be distributed evenly into the accounts of the Tier II and Tier III team members who have contributed to the fundraising efforts.
  - d. Team members will be asked to write a minimum of 25 support letters.
3. *If the team is at a deficit*, team members who are contributing to that deficit will be responsible for making up their portion of the deficit by contributing their own personal funds. The team members with deficits will be responsible to pay their remaining funds or work out a payment schedule with the FBCG Student Missions Director within two weeks of returning from the trip.

### **Support Raising Policy: Surplus Funds**

1. All receipts and expense documentation (for approved ministry supplies) need to be turned in to the FBCG Student Missions Director within 14 days after completion of a trip.
2. *If a team is at a surplus*, the excess will be applied toward the purchase of additional ministry supplies, a donation to the hosting mission organization, or toward a need in the community being served.
3. *In cases where individual team members have raised more than their needed funds*, their surplus of funds will be applied toward individuals on the team who may still have a deficit or toward the purchase of additional ministry supplies. This policy is in accordance with II Corinthians 8:13-15: “For I do not mean that others should be eased and you burdened, but that as a matter of fairness your abundance at the present time should supply their need, so that their abundance may supply your need, that there may be fairness. As it is written, ‘Whoever gathered much had nothing left over, and whoever gathered little had no lack.’”

## ***Expectations and Participation***

- ✓ Attend all team training sessions prior to the team's departure (reference the Team Commitment Dates fact sheet for specific dates)
- ✓ Participate in the Student Ministry fundraising auctions or other fundraisers planned by the team
- ✓ Attend the debrief meeting after the team arrives home
- ✓ Raise prayer and financial support (Tier II and Tier III teams)
- ✓ Commit to...
  - ...praying before, during, and after the mission project
  - ...submitting to the authority of leader(s)
  - ...the unity of the team
  - ...preparation for the mission project
  - ...having a flexible, servant attitude
  - ...living by the Team Covenant as written by the team

*I have read this application in its entirety, understand everything that is required of me, and will abide by these guidelines. I have paid special heed to the Support-Raising and Financial Policies (Tier II and Tier III) and agree to submit to their terms and conditions if I am accepted as a member of this FBCG Student Missions team.*

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Parent or Guardian Name if under 18: \_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_