

INTRODUCTION BY WES LECROY

MESSAGE ABOUT MISSION PROJECTS

Dear Prospective Team Member,

The wonderful people of First Baptist Church Woodstock fully believe this church has a calling that would take us from Woodstock to the "uttermost parts of the world". The purpose of going on mission is always with the objective of taking the Gospel to the nations including our own. In doing so, we want to carry out this call using God's resources in a way that honors him.

I trust that God has burdened your heart for the people that you will minister to and that you have prayerfully considered your participation in this project.

Our Mission Directors and Project Leaders work closely with our field partners to provide them with the best "team" to meet their ministry needs. Therefore please keep in mind that every project is not a fit for every team member candidate.

This application is designed to provide First Baptist Church Woodstock Mission Directors and Project Leaders with information about you that will help them in the team selection process.

Thank you for carefully completing this first step to go "on mission" with FBCW.

If you have any questions concerning this application or the team member selection process please feel free to contact me.

Wes LeCroy
Director of Project Development
Wes.LeCroy@fbcw.net
678-494-2923

TEAM MEMBER SELECTION

CRITERIA FOR TEAM MEMBER SELECTION

The Team Member Selection Committee for each team consists of the Strategic Development Director and the Project Leader.

All team members must have a testimony of salvation through Jesus Christ and be able to verbally express this testimony before the team leaves.

Team members should be at least 14 years of age unless otherwise approved by the Team Member Selection Committee. Parental or guardian permission is required for team members who are under 18 years of age.

Team members must demonstrate willingness to complete the First Baptist Church of Woodstock mission team training as prescribed by the team leader including all deadline dates.

APPLICATION FOR THE TEAM

Team members must complete the First Baptist Church of Woodstock team member application packet and submit it to the team leader by the prescribed dates for review by the Team Member Selection Committee.

The Team Member Selection Committee may require interviews with potential team members in addition to the application.

If selected, we ask that you make the first financial investment in this project. Your initial personal contribution will be collected at the first Team Meeting.

Team members must agree to follow the recommended process for Building a Support Team.

TEAM MEMBER APPLICATION

Project's Location and Dates:

Sponsoring Organization: First Baptist Church of Woodstock; 11905 Highway 92, Woodstock, GA 30188

Team Leader:

PERSONAL INFORMATION

Name of Participant:

Gender

Male

Female

Phone Number:

Address:

Phone Number

Email:

Date of Birth:

Citizenship:

Country of Birth:

MARITAL STATUS:

Single

Married

Divorced

Engaged

Widowed

Anulled

Divorced & Remarried

Spouse's Name:

Is your Spouse supportive of your participation in this project?

Name as it appears on Passport:

*If applied for please write your name as it will appear in passport

Passport Number:

Expiration Date:

Airline Frequent Flyer Number:

In ministering to people, we believe it is our responsibility to provide a safe, nurturing, and doctrinally sound environment. Please answer the following questions. Any special concerns can be discussed individually with the team leader.

Are you using ANY recreational drugs or other intoxicating substances without a doctor's prescription?

If so, please describe:

Have you ever been arrested/convicted of a crime?

If yes, please describe:

MEDICAL INFORMATION

Is participant covered by personal/family medical insurance? Yes No

Is sponsor authorized to approve medical treatment? Yes No

If yes, name the Insurer: Policy of Group Number:

*Please attach a copy of your insurance card.

How would you describe your present Health? Excellent Good Average Poor

Please list any major illness you have had in the last FIVE years:

Are you currently under the care of a physician?

Yes

No

If yes, please explain:

Please list any medication you are currently taking:

Please list any allergies you have:

Please explain any physical challenges you may face on this mission trip:

Emergency Contact:

Phone Number (DAY):

Phone Number (NIGHT):

PARTICIPATION AGREEMENT

PLEASE READ CAREFULLY BEFORE SIGNING

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 Mission Project. 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.

The participant also understands that the deposit is non-refundable and he/she will be responsible for airline tickets purchased in his/her name upon cancellation. The training meetings for this mission project are critical for the spiritual unity and physical preparation of the entire team. The participant understands what he/she is committing to. If married, the participant also declares that he/she has clearly communicated to his/her spouse the details of this project and that his/her spouse is supportive of his/her participation. The participant declares they have read the Summary of Insurance Coverage for all International Mission Projects taken with First Baptist Church Woodstock (FBCW) and understands his/her responsibilities regarding the processing of medical claims that occur on foreign mission trips. The participant commits to do his/her part in working with the mission department at FBCW to insure that all claims get processed in a timely manner.

Participant's Signature:

Parent/Guardian if participant is a minor:

Date:

INVOLVEMENT

CHURCH MEMBERSHIP:

First Baptist Church of Woodstock

Other

How long have you been a member?

Have you been baptized?

Are you an active regular member of a Sunday School class?

Name of your teacher:

How long have you been in that class?

Please list any responsibilities in SS leadership you have?

Have you utilized the online Discovery Tool at: <http://woodstockmissions.com/discoverytool>

Has your SS class adopted any people group?

Which one?

Have you been on a mission project?

If so, describe your experience:

What are your spiritual gifts?

How can you use your spiritual gifts on this trip?

Have you had training in personal evangelism?

Please Explain:

When was the last time you witnessed to someone?

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

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

How would you describe your daily relationship with Jesus Christ?

*TESTIMONY

(*If you have been in a FBCW mission project in the past 2 years, just write the location and dates of the project you participated, unless there has been a change in your testimony.)

Location and dates of the FBCW Mission Project you were involved in the past 2 years:

How was your life before coming to Jesus? (What got me interested in God?)

How and when did you come to know Jesus as your Savior?

How is your life now that you know Him?

In what areas of your life have you seen spiritual growth in the last month, year and 3 years?

Briefly describe why you see God calling you to participate on this trip?

What talents do you have that you would like to use on this trip?

What do you see as your role on this Ministry Team?

PARENT PERMISSION AFFIDAVIT FORM

In consideration for participating on the following FIRST BAPTIST CHURCH OF WOODSTOCK short-term mission project:

I hereby give my son/daughter permission to travel to and from

with FIRST BAPTIST CHURCH OF WOODSTOCK and its representatives. I also authorize FIRST BAPTIST CHURCH OF WOODSTOCK or its representatives to initiate any medically necessary care on my son/daughter's behalf in the event of my son/daughter's incapability to present themselves for such care and agree to be financially responsible to any care provider and authorize the release of any necessary medical or insurance related information pertinent to the circumstances.

Name of Participant:

Date:

Signature:

If minor, parents or legal guardian must sign:

Parent Name:

Date:

Parent Signature:

Legal Guardian Name:

Date:

Legal Guardian Signature:

State of Georgia

County of:

Notary Public

My Commission Expires:

FIRST BAPTIST CHURCH WOODSTOCK BACKGROUND CHECK/MOTOR VEHICLE REPORT **REQUEST FORM**

To better serve in protecting the safety and security of all involved persons at First Baptist Church Woodstock, I hereby authorize the Department of Safety and Security to perform a background check and receive any information pertaining to me. I fully understand any information obtained therein will be used in the determination of employment or volunteering in the various ministries at First Baptist Church Woodstock. This background check could include, but is not limited to, performing a National and Georgia statewide criminal history record search, the national sexual offender registry, social security number trace, and motor vehicle report. I give consent to First Baptist Church Woodstock, Department of Safety and Security to perform the above checks periodically as needed for the duration of my employment or volunteer service with them.

****Do not change, strikethrough, or white out any information on this form. If information is changed, corrected, or illegible you will need to complete a new form. Original signature required, no copies.****

Applicant Name: (Please Print Legibly in Black or Blue Ink Only)

Last:

First:

Middle:

Address:

City:

State

Zip Code:

Date of Birth:

Sex:

SSN

Driver's License Number:

State of Issue

Applicant Signature

Date:

Witness Signature

Date:

For FBCW Department Use Only:

Department Requesting:

Department Director/Senior Staff Signature:

If an employment, licensing, housing, or other decision adverse to the record subject is made; the individual or agency making the adverse decision must inform the record subject of all information pertinent to that decision. This disclosure must include that a criminal history record check was made, specific contents of the record, and the effect the record had upon the decision. Failure to provide all such information is a misdemeanor under Georgia law. (O.C.G.A. 35-3-34, 35-3-35)