

Mission Trip Application (over 18)

Thank you for your interest in Ridgedale Baptist Church mission trips. The Mission Ministry at RBC exists to help people encounter Christ through church-based community ministries, local missions and international mission trips. We desire to glorify God and share His love by engaging with people, home or abroad.

Please submit this application and a \$70 non-refundable deposit. This application will only be examined for approval after the deposit has been submitted. An application is also available for download at ridgedalebaptist.org/ministry/missions-and-community-outreach/

For accuracy of allocated funds please turn in your trip deposit check to the financial secretary. Please do not place deposit checks into the general offering. If you turn in your deposit check yet are unable to go on a mission trip, you may transfer the money to another RBC event in that same calendar year, otherwise the money will go directly into the Missions funds.

If paying online, please go to www.ridgedalebaptist.org/give/. On this page, you will find a link that will direct you to our online giving website. Once you are on this site you can make your deposit under the "Events" section in the "Connect" field.

_____ Please check this box if you have submitted your deposit online.

_____ Initials that I have read and agree to the above information.

Mission Trip Information

I am applying to participate in the following 2016 mission trip:

Location _____ Date _____

Personal Information

Name: _____ Date of Birth: ____ / ____ / ____ M F
(First) (Middle) (Last)

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (_____) _____ - _____ Mobile Phone: (_____) _____ - _____

Email: _____

Marital Status (please check one)

Single Married Separated Divorced Widowed Engaged

Spouse's Name: _____

For your spouse (if applicable):

** if applicable, this must be completed*

Either in the space provided below or on a separate sheet of paper, please express any fears, concerns or reservations you may have about your spouse participating on this trip, about Ridgedale Baptist Church, or about the sponsoring organization on this trip.

No Concerns Concerns: _____

Church Information

In what Sunday School/Home Group and/or ministries of RBC are you involved, if any?

I give RBC permission to do a personal background check (for 18 and older) Yes No

Please have your pastor fill out the next 2 lines:

I believe _____ (applicant's name) would be a good asset to this mission trip.

Pastor Name _____ Signature _____

For non-RBC members:

*Applicants who are not members of RBC are welcome to apply; however, members receive priority in filling trip spots.

*Required items to be approved to attend a Ridgedale Baptist Church mission trip

What church are you a member of? _____ Not a member anywhere

Do you attend your home church regularly? Yes No

If not a member anywhere, where are you regularly attending? _____

*List present ministry involvement: _____

*Pastoral reference & phone number: _____

Ministry & Skills Sets (circle any skills below that apply to you)

Personal Ministry:

Bible Study Leader Evangelism Singing Administration
Preaching Photography Children's Ministry Student's Ministry

Foreign Languages: _____

Musical Instruments: _____

Sports: _____

Construction:

Carpentry Masonry Plumbing Electrical

Medical:

Doctor Nurse Dentist Pharmacist Nutritionist

Other: _____

Please list other skills that may be utilized on a short-term mission trip:

Medical Information:

Informal Consent: Your private information will need to be shared with RBC in processing your request.

Health information:

Present state of health: EXCELLENT GOOD AVERAGE POOR

Are you presently under the care of a physician? Yes No If **YES**, please explain:

Are you under any medical restrictions? Yes No If **YES**, please explain:

List all medications prescribed for you that you are taking: _____

Are you physically capable of walking 10 miles per day for more than a week? Yes No
(This is required for primarily International Mission trips due to them being very challenging both spiritually and physically)

Blood Type: _____ Allergies: _____

Other health concerns: _____

Insurance Information

Medical insurance company: _____ Phone: _____

Group #: _____ Policy #: _____

Beneficiary in case of death: _____

Relationship to beneficiary: _____

Passport Information (if traveling international)

Passport number: _____ Expiration Date: ____/____/____

Name as it appears on Passport: _____

*Please attach to this application a photocopy of the first page of your passport if you are traveling internationally. You must have a current passport that is valid for 90 days past the trip return date. If you do not currently have a passport, we recommend that you apply for one within six months of the trip.

Emergency Information

Please provide information of two individuals to serve as emergency contacts:

Name: _____ Relationship: _____

Phone: _____ Email: _____

Name: _____ Relationship: _____

Phone: _____ Email: _____

References

Please provide information of two individuals (no relatives) from your church to serve as personal references:

Name: _____ Years Known: _____

Phone: _____ Email: _____

Name: _____ Years Known: _____

Phone: _____ Email: _____

Questions

What short-term mission trips have you been on before (organization, date, destination, purpose)?

Provide a brief overview as to why you desire to go on this short-term mission trip:

Provide a brief account of your salvation experience and how God continues to work in your life:
