

# MISSION TRIP TEAM MEMBER APPLICATION

## Form 1

### Personal Information:

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_ Email \_\_\_\_\_

Male  Female Age: \_\_\_\_\_ D.O.B. \_\_\_\_\_ T-Shirt size: \_\_\_\_\_

Marital Status:  Single  Married  Widowed  Divorced

### Volunteer Field Information:

With which mission trip will you serve? \_\_\_\_\_

Please list any foreign language capability and your level of proficiency. \_\_\_\_\_

Please indicate any special skills, talents, or Christian service experience that you feel may be helpful in the field. \_\_\_\_\_

### Please list any mission experience (local, US & overseas):

<u>Country</u>	<u>Mission Organization</u>	<u>Dates</u>	<u>Ministry</u>

### Involvement:

As a member of FFC, your personal involvement is important. Furthermore, as a potential volunteer in missions, your faithfulness is even *more critical*. Before any candidate is placed on a mission team, it is important to understand their spiritual beliefs.

- **Core Belief** – Are you a born-again Christian?  Yes  No

MISSION TRIP TEAM MEMBER APPLICATION  
PAGE ONE

FISHHAWK FELLOWSHIP CHURCH 15326 FISHHAWK BLVD., LITHIA, FL 33547 813/655-7431

**"Building Bridges that Connect People to a Passionate Life in Christ"**

**BE INTENTIONAL\*PRAY WITH HOPE\*REACH BEYOND OUR WALLS\*SPEAK GOD'S TRUTH IN LOVE**

Are you a member of FFC? / For how long? \_\_\_\_\_

Please list any ministries in which you have been involved at FFC (please include time of involvement and any leadership positions held). \_\_\_\_\_

Please list any ministries in which you have been involved outside of FFC (please include time of involvement and any leadership positions held). \_\_\_\_\_

**Health:**

How would you describe your present health?       Excellent       Good       Average

Please state any major illness you have had in the last five years. \_\_\_\_\_

Are you presently under the care of a physician for a chronic condition?       Yes       No

If yes, please explain. \_\_\_\_\_

Please list any medications you are taking. \_\_\_\_\_

Please list any allergies you have. \_\_\_\_\_

Please explain briefly what you hope to see the Lord do in and through you on this mission trip. \_\_\_\_\_



# POLICIES & PROCEDURES FOR SHORT-TERM MISSION

## Form 3

### Field Behavior

1. Volunteers are reminded that they are ambassadors of the Lord Jesus Christ. As volunteers, they not only represent Him, but also the United States, FishHawk Fellowship Church ("FFC") and the sponsoring mission organization. This responsibility is a tremendous one; consequently, it is our responsibility to prayerfully select the volunteers that we believe are best suited for the mission applied for.
2. Volunteers must submit to the Team Leader's authority.
3. Due to the political instability and anti-American sentiment in various countries around the world, FishHawk Fellowship Church asks that volunteers refrain from expressing their political opinions while on the field.
4. If at any time while on the field a volunteer's behavior constitutes a problem, the Team Leader has the authority to ask the volunteer to return home. Any additional cost incurred as a result of this action will be at the volunteer's expense.

### Finances

The financial and fund raising policies of short-term mission trips sponsored or endorsed by FFC are outlined in the section of the Missions Manual entitled "Fund Raising" and are incorporated here by reference. Applicants who participate in short-term missions trips sponsored or endorsed by FFC agree to review and abide by those policies and procedures.

***"I have read and will abide by these policies."*** \_\_\_\_\_

Signature

**NAME:** (Please print) \_\_\_\_\_

# TEAM COVENANT

## FORM 4

*We, the members of the Short-Term Missions Team, believe that God has called us together to serve and agree together concerning the following:*

### Our Vision

We desire to be a team of people characterized by Christ-like behavior exhibited through unconditional love, unselfish service and unified teamwork. Our ultimate purpose as a team and as individuals is in accordance with I Corinthians 9:12, *"I do all this for the sake of the gospel that I may share in its blessings."*

### Our Team Objectives

We believe that we can fulfill this vision through the following commitments to each other:

- **Teamwork:** We commit ourselves to be a group of individuals who **UNITE** as one, striving to accomplish the same goal; glorifying Christ and increasing His church. We strive to have Unity with prayer; Unity of Devotion and Unity of Purpose.
  - We commit to be unified through prayer (Act 1:14) with Acts 1:8 being our missions' verse: *"But you will receive power when the Holy Spirit comes on you; and you will be my witnesses in Jerusalem, and in all Judea and Samaria, and to the ends of the earth."*
- **Communication:** We commit ourselves to resolve all inter-team conflicts according to Biblical principles while seeking to obey Ephesians 4:29; "Do not let any unwholesome talk come out of your mouths, but only what is helpful for building others up according to their needs, that it may benefit those who listen."
- **Forgiveness:** We commit ourselves to the recognition of sin as our common enemy so that we each may be sensitive to our human failures and forgive each other as demonstrated by Hebrews 12:15, *"See to it that no one misses the grace of God and that no bitter root grows up to cause trouble and defile many."*
- **Spiritual Growth:** We commit ourselves to personal worship and fellowship with God through obedience to the Lordship of Jesus Christ and an openness to learn from God's Spirit in all situations. We agree to have the same attitude of Paul the Apostle with respect to:

**Failure:** (Philippians 3:12-14) "Not that I have already obtained all this, or have already been made perfect, but I press on to take hold of that for which Christ Jesus took hold of me. Brothers, I do not consider myself yet to have taken hold of it. But one thing I do: Forgetting what is behind and straining toward what is ahead, I press on toward the goal to win the prize for which God has called me heavenward in Christ Jesus."

**Perseverance:** (I Corinthians 9:24-27) "Do you not know that in a race all the runners run, but only one gets the prize? Run in such a way as to get the prize. Everyone who competes in the games goes into strict training. They do it to get a crown that will not last; but we do it to get a crown that will last forever. Therefore, I do not run like a man running aimlessly; I do not fight like a man beating the air. No, I beat my body and make it my slave so that after I have preached to others, I myself will not be disqualified for the prize."

# TEAM COVENANT

## (CONTINUED)

### Our Team Structure

We believe that the following structural elements in our Team Covenant will enable us to carry out our team objectives:

- **Team Meetings:** Before, during, and after the project, our team meetings will be crucial for fulfilling the commitments mentioned. These team meetings shall include: team devotions, team prayer, time for communication of details and plans, and time for individual relational development.
- **Personal Quiet Times:** We will attempt to be as faithful as possible in our daily time with God because we believe that growing individually is essential to growing as a team.
- **Affirmation:** We commit ourselves to encourage one another through verbal affirmation and/or the sending of notes of encouragement to one another as often as possible.
- **Ministry Opportunities:** We will seek to be a witness of the love of Jesus Christ to the people we meet throughout our journey. This shall include testimonies, speaking at churches, and Christ-like behavior. John 4:35, "Do you not say, 'Four months more and then the harvest?' I tell you, open your eyes and look at the fields! They are ripe for harvest."
- **Work:** We recognize that if our objectives are to be completed, we must all commit ourselves to work to the best of our God-given ability every day of the project. I Corinthians 10:31, "So whether you eat or drink or whatever you do, do it all for the glory of God."
- **Prayer:** We commit ourselves to daily prayer for each team member and the project.
- **Leadership:** We recognize the official leader of our team. In situations of team concern, we commit ourselves at all times to be in a submissive attitude to our leader. We also recognize that this mission journey is an opportunity for all of us to develop God-given leadership ability, and we commit ourselves to that end through the pursuing of individual growth opportunities that may arise.

### Evaluation and Accountability

We shall hold each other on the team accountable to this covenant, and we shall measure our success in keeping this covenant by:

- **Correcting each other** according to Biblical and covenant principles. Colossians 1:28, "We proclaim Him, admonishing and teaching everyone with all wisdom so that we may present everyone perfect in Christ."
- **Responding without defensiveness** when we are corrected, believing that other team members have our best interests and the best interests of the team in mind. Proverbs 27:5-6, "Better is open rebuke than hidden love. The kisses of an enemy may be profuse, but faithful are the wounds of a friend."
- **Meeting as a team** within one month after we return home to review the covenant and evaluate our performance as a team.

***As a member of the Team, I commit myself  
to abide by this covenant to the best of my God-given ability.***

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_

# EMERGENCY MEDICAL INFORMATION

## Form 5

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

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

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of emergency contact: \_\_\_\_\_  
*(Person NOT traveling with you.)*

Relationship: \_\_\_\_\_ E-mail: \_\_\_\_\_

Cell phone #: \_\_\_\_\_ Evening phone #: \_\_\_\_\_

Name of beneficiary if different from above: \_\_\_\_\_

Name of doctor: \_\_\_\_\_ Phone #: \_\_\_\_\_

Blood type: \_\_\_\_\_

Do you have any special medical conditions that we should be aware of during your trip? (e.g. allergies, low or high blood pressure, etc.)

Do you have any special dietary needs?

List all prescription medication you are taking:

Insurance carrier:  
*(Determine if your policy covers you overseas)*

Name: \_\_\_\_\_ Policy #: \_\_\_\_\_

Contact phone #: \_\_\_\_\_

In the event of a medical emergency, I hereby authorize those in charge to take me to the nearest licensed physician, medical center, or hospital to secure the necessary treatment to protect my well-being. I will be responsible for all medical costs not covered by my insurance.

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

If under 18, signature of parent/guardian: \_\_\_\_\_

# FishHawk Fellowship Missions' Trip Release – Adult

## Form 7

For good and valuable consideration, including but not limited to, my participation in the mission trip to \_\_\_\_\_ (“the Destination”) in association with Fishhawk Fellowship Church, Inc. (hereafter “FFC”) on behalf of myself, my representatives, heirs, executives, agents, successors and assigns (“the Releasing Parties”), I release and forever discharge FFC, its officers, directors, employees, agents, heirs, successors and assigns (“the Released Parties”), from any and all liability or injury to my person (including death), or damage to my property, arising in any way from my current visit to the destination, including, but not limited to, such injury that may arise in all or part from the negligence of any of the Released Parties.

I further agree that in the event any suit is instituted against the Released Parties or the Releasing Parties as a result of matters set forth herein, I agree to indemnify and hold the Released Parties harmless from all liability and damages in connection therewith, including, but not limited to, the Released Parties attorney’s fees and costs involved in connection with the defense of such action.

I am eighteen (18) years of age or older, and this RELEASE is binding on me and my executor, administrators, and heirs.

I give FFC and its representative(s) with me on any such trip, authority to request and authorize medical and/or hospital treatment for my benefit in the event of any injury or sickness sustained by me while on such mission trip, including, without limitation, while traveling to and from the destination. I agree to pay for all such treatment and to reimburse FFC for all costs and expenses incurred by it with respect to such treatment.

The parties to this RELEASE are Christians and believe that the Bible commands them to make every effort to live at peace and to resolve disputes with each other in private or within the Christian church (see Matthew 18:15-20; 1 Corinthians 6:1-8). Therefore, the parties agree that any claim or dispute arising from or related to this RELEASE shall be settled by Biblically based mediation and, if necessary, legally binding arbitration in accordance with the Rules of Procedure for Christian Conciliation of the Institute for Christian Conciliation. All such mediation and arbitration shall take place in Tampa, Florida. Judgment upon an arbitration award may be entered in any court otherwise having jurisdiction. The parties understand that these methods shall be the sole remedy for any controversy or claim arising out of this RELEASE and expressly waive their right to file a lawsuit in any civil court against one another for such disputes, except to enforce an arbitration decision.

**THE UNDERSIGNED HAS FULLY READ THE ABOVE AND UNDERSTANDS IT.**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

**ACKNOWLEDGMENT**

STATE OF FLORIDA

CITY OF:

The foregoing Release was acknowledged before me this \_\_\_\_\_ day of

\_\_\_\_\_, 20\_\_ by \_\_\_\_\_

\_\_\_\_\_  
Notary Public in and for the State of FLORIDA

My commission expires: \_\_\_\_\_

{Notary Seal}



# FishHawk Fellowship Missions' Trip Release – Minor

## Form 7a

We/I, the undersigned, desiring that \_\_\_\_\_ (the "minor") our child be allowed to participate in the mission trip to \_\_\_\_\_ in association with Fishhawk Fellowship Church, Inc. (hereafter "FFC") and participate in a campaign organized by FFC (collectively "the campaign"), do hereby release and forever discharge FFC, and its respective members, employees, officers, directors and representatives from any and all claims for any and all injuries, losses or damages the minor might have on or in any way relating to such mission trip and campaign, including and if applicable, without limitation, those relating to the minor leaving the United States of America and visiting foreign countries, including the minor's stay in any such foreign country and the minor's travel to and from any such country.

I further agree that in the event any suit is instituted against FFC as a result of matters set forth herein, I agree to indemnify and hold FFC, its members, employees, officers, directors and representatives harmless from all liability and damages in connection therewith, including, but not limited to, attorney's fees and costs involved in connection with the defense of such action.

We are/I am eighteen (18) years of age or older, and this Release is binding on the undersigned and the executors, administrators, and heirs of the undersigned.

The undersigned give FFC and its representative(s) with the minor on any such campaign authority to request and authorize medical and/or hospital treatment for the benefit of the minor in the event of any injury or sickness sustained by the minor while on such campaign, including, all such treatment and to reimburse FFC for all costs and expenses incurred by it with respect to such treatment.

We are Christians and believe that the Bible commands Christians to make every effort to live at peace and to resolve disputes with each other in private or within the Christian church (see Matthew 18: 15-20; 1 Corinthians 6:1-8). Therefore, we agree that any claim or dispute arising from or related to this Release Form or any campaign in which the minor participates shall be settled by biblically based mediation and, if necessary, legally binding arbitration in accordance with the Rules of Procedure for Christian Conciliation of the Institute for Christian Conciliation. All such mediation and arbitration shall take place in Tampa, Florida. Judgment upon an arbitration award may be in any court otherwise having jurisdiction. We understand that these methods shall be the sole remedy for any controversy or claim arising out of this Release Form or any such campaign and we expressly waive any rights we or the minor have to file a lawsuit in any civil court for such disputes, except to enforce an arbitration decision.

**THE UNDERSIGNED HAVE FULLY READ THE ABOVE AND UNDERSTAND IT.**

*(Turn this form into your Team Leader after having it notarized by BOTH parents)*

\_\_\_\_\_  
Signature of Father/Guardian

\_\_\_\_\_  
Signature of Mother/Guardian

**ACKNOWLEDGMENT**

STATE OF FLORIDA

CITY OF:

The foregoing Release was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ by \_\_\_\_\_

{Notary Seal}

\_\_\_\_\_  
Notary Public in and for the State of FLORIDA  
My commission expires:\_\_\_\_\_

# INTERNATIONAL TRAVEL CONSENT & ACKNOWLEDGEMENT - MINORS

## Form 7b

I, \_\_\_\_\_, make oath and state that I am the Father/Mother and shared legal guardian of:  
 (non-traveling parent)  
 \_\_\_\_\_, born \_\_\_\_\_, \_\_\_\_\_, in \_\_\_\_\_.  
 (minor child) (month) (day) (year) (country of birth)

- 1) \_\_\_\_\_ has my consent to travel with \_\_\_\_\_,  
 (minor child) (traveling parent/guardian)  
 Mother/Father/Guardian of the child and shared legal guardian of above mentioned minor children.
- 2) This consent is valid for travel starting on or about \_\_\_\_\_ and returning on or about \_\_\_\_\_, for travel to the country of \_\_\_\_\_.
- 3) I authorize and recommend \_\_\_\_\_, to make emergency medical  
 (traveling parent/guardian)  
 decisions on our behalf, in the event that my child requires emergency medical treatment at a time or place from which I may not be reached.
- 4) I authorize and recommend \_\_\_\_\_ to make arrangements and  
 (traveling parent/guardian)  
 determinations for all modes of travel, including itinerary changes as necessary during this trip.
- 5) In the absence of \_\_\_\_\_, should any medical, travel or personal welfare  
 (traveling parent/guardian)  
 incident arise, attempt at immediate contact shall be made to me, \_\_\_\_\_.  
 (non-traveling parent)

**Dated:** \_\_\_\_\_

\_\_\_\_\_  
**Non-traveling Parent – Name** \_\_\_\_\_

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

**City, State, Zip:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Fax Number:** \_\_\_\_\_

**STATE OF FLORIDA**  
**COUNTY OF** \_\_\_\_\_

Sworn to or affirmed and signed before me on \_\_\_\_\_ by \_\_\_\_\_.

\_\_\_\_\_  
**NOTARY PUBLIC or DEPUTY CLERK**

[Print, type or stamp name of notary or deputy clerk.]

\_\_\_\_ **Personally known**  
 \_\_\_\_ **Produced identification**  
**Type of identification produced** \_\_\_\_\_