

# First Baptist Wylie Missions 2017

Team Member Application

FBW MISSIONS  
2017

**fbw** **FIRST BAPTIST**  
**WYLIE** a church for the cities

**Team Member Application**

Application Date: \_\_\_\_\_

Location and Dates of trip: \_\_\_\_\_

Personal Information

T-Shirt Size: \_\_\_\_\_

Name:

Last	First	Middle

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

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

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

Email: \_\_\_\_\_ Gender: ( ) Male ( ) Female Date of Birth: \_\_\_\_\_

Marital Status: Single Engaged Married Widowed Separated Divorced

If Married, Spouse's Name: \_\_\_\_\_

If you have children,

<u>Children's Name(s)</u>	<u>Age</u>	<u>Gender</u>

Do you regularly attend a Growth Group? ( ) Yes ( ) No

Please give the name of your Growth Group leader and how long you have attended: \_\_\_\_\_

Relationship to First Baptist Wylie

Check one and complete the requested information

Member since \_\_\_\_\_ (month/yr) and have attended since \_\_\_\_\_ (month/yr).

Regular attendee and active in church since \_\_\_\_\_ (month/yr) and anticipate church membership \_\_\_\_\_ (month/yr)

Member of a church other than First Baptist Wylie. Specify church \_\_\_\_\_

References

List your Growth Group leader or another church leader (Deacon, Ministry Leader or Mission Leader) of FBW who knows you and could best serve as a reference.

**Medical History**

Please list any medical conditions that the Missions Department needs to be aware of. Example: pace maker, walking long distant, hiking and anything that would hinder you doing anything on this trip.

Please list all the medications you take.

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Your Signature

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Date

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Notary Signature and Seal

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Date

Passport Information

Do you have a passport? ( ) Yes ( ) No ( ) Applying

Name (as it appears on your passport):

\_\_\_\_\_

Passport Number: \_\_\_\_\_ Issue Date: \_\_\_\_\_

Passport Expiration Date:

\_\_\_\_\_

Travel Insurance Information

First Baptist Wylie will purchase traveler's insurance on your behalf. Please list your beneficiary for this purpose below.

\_\_\_\_\_

Name

\_\_\_\_\_

Relationship

Personal Background

Please share your salvation story in 100 words or less.

Do you feel “CALLED” to go on this trip? Please explain...

Describe two or three defining moments in your spiritual journey and explain their significance.

Describe your current devotional practices (Bible study and prayer) which aid in your growth relationship with Christ.

Explain the gospel, and describe the last time you shared it with someone.

What do you believe is the biblical mission of the church?

How are you practically living out the biblical mandate “to make disciples”?

What is your current occupation (i.e. student, business, media, etc.)?

Tell us more about your talents, work experiences, skills, and/or foreign languages that may be helpful for future trips.

Please indicate your level of proficiency: working knowledge, fluent, etc.

Ministry Experience

List ministries at First Baptist Wylie that you have been involved in, both past and present. Include length of involvement and ministry leader for each ministry.

List any cross-cultural and short-term global or domestic experiences you have had (beginning with the most recent). Indicate the length of each, the country, the ministry name and a team leader. Also indicate if you have ever been a short-term leader.

If you have been on any previous short-term teams, describe any missions-related involvement since your last trip (i.e. books read, conferences attended, ministries you are part of, missionaries supported, etc.).

All other travel experience (i.e. global vacations, business trips to foreign cities, etc.):

This Trip

Your expectations greatly influence the success of a short-term mission trip. Over the months ahead, the training you will receive will help refine your expectations. Please describe your initial expectations.

What is your family's attitude toward your interest in this trip?

How do you sense the Lord is leading you to be a part of this mission team?

Please answer each of these questions

Yes or No      Do you Tithe?  
                    If no please  
                    explain: \_\_\_\_\_

Yes or No      Do you have a daily devotion (Quiet Time)?  
                    Please explain:  
                    \_\_\_\_\_

Yes or No      Do you share your faith story regularly?  
                    Please explain:  
                    \_\_\_\_\_

Yes or No      Do you have an intentional prayer life?  
                    Please explain:  
                    \_\_\_\_\_

Yes or No      Have you ever been convicted of a felony?  
                    If yes, please  
                    explain: \_\_\_\_\_

**Mission Trip Team and  
Financial Covenant**

Registration

Registration is complete for a participant only when 10% non-refundable, non-transferable deposit and Team Member Application are turned in to the First Baptist Wylie Missions Office. Registration can be initiated by turning in the deposit or application but will not be complete, and therefore reviewed, until the other component is received.

Payment Schedule

All payments for Mission Trips should be turned in to the First Baptist Wylie Mission Team Leader or Missions Department and are to be made payable to First Baptist Wylie. Further details can be found in the Short-Term Mission Team Financial Policy document included in this packet. **Team Leaders will be giving team members a date of when airfare will be purchased and the amount.**

- **10% non-refundable, non-transferable deposit – Due at First Team Meeting**
- **50% of the cost of the trip is due 90 days prior to departure**
- **75% of the cost of the trip is due 60 days prior to departure**
- **100% of the cost of the trip is due no later than 30 days prior to departure**

**Note: No refunds will be given for excess funds raised or given. Overfunding will be transferred to the FBW on Mission account.**

Disclaimer

Please initial in the space provided as an indication of your understanding and agreement of the statements.

\_\_\_\_ First Baptist Wylie will not be responsible for extra trip expense (i.e., airline, hotel fare changes, or medical). Should these occur, they will be passed along to the traveler. First Baptist Wylie provides Travelers Insurance. All other expenses are yours.

\_\_\_\_ I will agree to return home at my own expense if the Team Leader in conjunction with the Mission Department determines my behavior is/has been inappropriate and therefore jeopardizing the short and/or long-term ministry partnership.

\_\_\_\_ I understand that my involvement on this trip can be denied prior to travel in the event that I do not participate in the full preparation of the trip (i.e., Team Member Training) and as a result could compromise the effectiveness of the trip. **You will need to be at 75% of the meetings.**

\_\_\_\_ I will abstain from the purchase and consumption of alcohol on this trip regardless of my personal convictions.

**In submitting this application:**

- I am expressing my agreement with First Baptist Wylie’s Vision, Mission, Goals, Values, and Strategy.
- I am willing to work under the direction of the First Baptist Wylie Missions Department, Team Leader, and Field Partners to accept and to perform any and all assignments with a God-honoring attitude.
- I am willing to conform to the standards of the national in country Christians, even if those standards are stricter than my own.
- I agree to be subject to a background check.
- I am confirming that I have the time and energy to devote to the pre-, mid-, and post-trip responsibilities.
- I agree to participate in the Short-Term Team Member Training arranged by the Short-Term Team Leader and complete all requirements for the trip.
- I have read and agree to the above deposit and payment information along with the financial guidelines described in First Baptist Wylie’s Financial and Team Covenant.

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Notary Signature and Seal

\_\_\_\_\_  
Date



## **First Baptist Wylie Mission Team Financial Policy**

It is the desire of mission department staff to be good stewards of the finances we have been entrusted with for the purpose of “spreading God’s fame by making disciples of all people” through short-term mission trips.

**Mission Team Leaders are responsible for communicating these policies to team members and ensuring that all team members adhere to the payment schedule.**

### **Payment Options:**

- Checks should be made payable to First Baptist Church of Wylie. Please include trip information on the memo line of check so that it is clear how the payment is to be applied. Cash and/or checks may be delivered in any of the following ways:
  - **By Mail:** Send check(s) to 100 N. First Street, Wylie, TX 75098. We do not recommend mailing cash.
  - **Drop Box:** You may deliver your payment to one of the two drop box locations. One is located beside the south stairwell in the Mall. The other drop box is located in the reception area of the church office at 200 N. Ballard. Please be sure your payment is clearly labeled and enclosed in an envelope.
  - **In Person:** You may personally deliver your payment to your Mission Team Leader or to our Missions Associate Minister, Debra Tobolka.
- Online payments may be made by visiting [www.fbw.church](http://www.fbw.church).
  - Click “Give Online”.
  - Giving Type “Place Other”.
  - In the Memo box, place Trip Name & Whom Funds go to.
  - You may use a credit card or debit card.
    - Transaction fees to the church are smaller if you use a debit card by choosing “give from a bank account.”
    - Your payment will be processed quickly and safely.

### **Payment Schedule:**

The payment schedule for your short-term mission trip is as follows:

- **10% non-refundable, non-transferable deposit – Due at First Team Meeting**
- **50% of the cost of the trip is due 90 days prior to departure**
- **75% of the cost of the trip is due 60 days prior to departure**
- **100% of the cost of the trip is due no later than 30 days prior to departure**

### **Expenses:**

- **Trip costs such as air fare will not be paid toward the cost of your trip until there are adequate funds in your trip account to cover these costs.**
- The Mission Department will provide you with a budget of all anticipated expenses within 2 weeks of approval of your applications.
- Any changes in expenses must be communicated with Jon or Debra immediately. The cost of the trip should be adjusted accordingly.
- Personal expenses incurred during the trip will not included in the trip cost collected and paid by First Baptist Wylie.
- Airline tickets are generally purchased **90 days prior to departure**.
- Tickets are non-refundable and non-transferable.

**Changes and Cancellations:**

- Changes or cancellations to your registration should be communicated to the Missions Department.

**Other Notices:**

- In accordance with IRS Publication 17, Chapter 24, generally, you can claim a charitable contribution deduction for travel expenses necessarily incurred while you are away from home performing services for a charitable organization if you are on duty in a genuine and substantial sense throughout the trip. You may enjoy the trip, but there can be no significant element of personal pleasure, recreation, or vacation in the travel.

\*

- Deductible travel expenses include:
  - Air, rail, and bus transportation;
  - Out-of-pocket expenses for your car;
  - Taxi fares or other costs of transportation between the airport or station and your hotel;
  - Lodging costs; and
  - The cost of meals.

**\*You can save your receipts on the listings above for any personal funds spent on mission related expenses. You can claim these items on your income tax.**

- Non-deductible expenses:
  - Personal expenses, souvenirs, entertainment. For example, in the evening you go to the theater. You can claim your travel expenses as charitable contributions, but you can't claim the cost of your evening at the theater.
- Overfunding or payments made in excess of trip cost will not be refunded, but will be transferred to the FBW on Mission designated account.
- First Baptist Church of Wylie is a qualified section 501c3 organization non-profit organization. In order for tithes, offerings and donations to be tax deductible, control must relinquished to the church in accordance with IRS regulation.
- Please consult a tax advisor for additional information about the tax deductibility of your payments.

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Your Signature

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Date

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Notary Signature and Seal

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Date



# Background Screening Consent Form

**COMPLETE ALL INFORMATION, SIGN AND DATE (in areas left blank, print N/A)**

I, \_\_\_\_\_, hereby authorize **First Baptist Wylie** and/or its agents to make an independent investigation of my background that may include: references, character, past employment, education, credit history (if applicable for position), adult criminal or police records, and motor vehicle records including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my Application and/or obtaining other information which may be material to my qualifications for service now and, if applicable, during the tenure of my employment or service with **FBW**.

I release **First Baptist Wylie** and its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims or lawsuits in regard to the information obtained from any and all of the above-referenced sources used. The following is my true and complete legal name and all information is true and correct to the best of my knowledge:

FULL NAME (Printed) \_\_\_\_\_

MAIDEN NAME or OTHER NAMES USED \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth\* \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

PRESENT ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

How Long at Present Address? \_\_\_\_\_

PREVIOUS ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOW Long at Previous Address? \_\_\_\_\_

List all states and counties of residence since turning age 18 \_\_\_\_\_

Circle any of the following states in which you have lived CA, CO, DE, LA, MA, SD, VT, WV, WY

If you have ever been convicted or plead guilty before a court for any federal, state or municipal criminal offense, excluding minor traffic misdemeanors; please explain in writing on back of this page, or inform the minister requiring background screening consent.

If you have ever received deferred adjudication or similar disposition for any federal, state or municipal offense; please explain in writing on back of this page, or inform the minister requiring background screening consent.

DRIVER'S LICENSE NUMBER \_\_\_\_\_ ISSUING STATE \_\_\_\_\_

DATE \_\_\_\_\_

SIGNATURE OF APPLICANT \_\_\_\_\_

**By my signature above, I authorize FBW to request background screening as needed, until I revoke my consent in writing.**

\*NOTE: This information is required for identification purposes only, and is in no manner used as qualifications for employment, internship, or service as a volunteer. **FBW** abides by all applicable state and federal employment laws.

**OFFICE USE ONLY:**

**MINISTRY AREA REQUESTING BACKGROUND SCREENING:**

- Administrative \_\_\_\_\_
- Preschool \_\_\_\_\_
- Children \_\_\_\_\_
- Youth \_\_\_\_\_
- Missions \_\_\_\_\_

- Signed & Dated Consent Form
- Background Check Completed
- By: \_\_\_\_\_
- Follow-up Required
- Yes  No
- 2 Year Run Date

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

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

Reviewed By: \_\_\_\_\_

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