

STUDENT JOURNEY PACKET

Application and Requirements for a First Baptist Norfolk Mission Journey.

Keep this sheet and use as a checklist to make sure you complete all requirements.

To access Mission forms on our website go to www.firstnorfolk.org/missions.

Prior to selection for a mission team:

1. PRAY! PRAY! PRAY!
2. Complete a Mission Journey Application.
3. If you do not have a current passport, apply for a passport for international journeys.
4. Identify a journey where you believe God is calling you
5. Interview with the team leader.

Requirements: Once accepted for the Mission Journey:

- ___ 1. **Make your deposit.** (\$500 for international journeys & \$150 for national).
- ___ 2. **Prepare "Letters of Support"**. (prayer & financial). International team members must send 50 support letters (25 for national trips). We will mail these letters for you and provide the outgoing postage. If this requirement is not met, the team member will be responsible for the balance of funds not raised. Letters must be addressed to individuals who will strongly consider partnering with you and this team.
- ___ 3. **Complete the Required Forms.** All forms for a student Mission Journey are contained in the attached packet.
 - ___ A. **Waiver & Release/Assumption of Liability Form**—This form must be **signed by your parent if you are under 18 years old in the presence of a notary**. You may do this on your own or there are notaries in the missions office or at church that can assist you.
 - ___ B. **Information Sheet**—This contains emergency contact, medical and beneficiary information. All information is required for the Insurance we purchase on your behalf for the journey.
 - ___ C. **Child Protection Process (Criminal Background Check)**—If you are 18 or older, this is an electronic form that you will access through the missions website under the Missions Forms link. References are required when you complete this form – two personal references and one church staff member. **Applicants under the age of 18 will complete the Reference Form contained in this packet instead of the background check.**
 - ___ D. **Covenant of Conduct for Mission Journey**- Read and sign.
 - ___ E. **Prayer Partner List**—Identify 10 prayer partners who will pray for your team and its mission.
 - ___ F. **Minor Release Form**—**Requires notarized parents signatures for those under 18 years of age.**
 - ___ G. **Visa Application**—Your team leader will let you know if a visa is required for your journey.
 - ___ H. **Reference Form** for Minor Mission Team Members

Additional requirements:

1. Attend all team meetings.

Please turn your application, passport, deposit, support letters and all of the forms above to your team leader or put them in an envelope marked "missions" and leave them with the church receptionist. If you have questions, please talk with your team leader or call our missions ministry office: 466-5181 .

FIRST BAPTIST NORFOLK
MISSION JOURNEY APPLICATION FORM

Preferred Mission Journey Destination(s):
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Your Name _____ (as it appears on your passport)

Home Phone _____ Cell Phone _____

Street Address _____

City _____ State _____ Zip _____

Preferred E-mail Address _____

Date of Birth _____ Gender Male Female

Marital Status _____

Education Background: _____

Professional Experiences: _____

Are you a member of First Baptist Norfolk? Yes No

How many years? _____

Which Bible Study Class do you attend? _____

If you are not a member of First Baptist Norfolk, what church are you a member of?

Church Name _____

Church Phone _____ Pastoral Reference _____

List any previous short-term mission journey or volunteer experiences:

What are your gifts, skills, interests, or hobbies that may be useful as part of a mission team?

Have you been trained in personal evangelism? Yes No

What languages do you speak fluently? _____

Full legal name, as it appears or will appear on your Passport: _____

Are you a U.S. Citizen? Yes No

If not, what country is your citizenship? _____

Passport Number _____ Expiration Date _____

Do you have any physical limitations (lifting, walking, etc.) that would cause difficulty on a mission journey? Yes No (If yes, please explain.)

Do you have any medical or emotional conditions that might hinder you as a team member?

Yes No (If yes, please explain.)

Do you have any allergies (including medications)? Yes No (If yes, please explain.)

Do you have dietary restrictions? Yes No (If yes, please explain.)

Please give an account of your conversion experience: (Please use a separate sheet of paper if necessary.)

I agree to fulfill my financial obligation by making my deposit (\$500 for International, \$150 for National Journey): Please initial here to indicate agreement _____

I agree to prepare letters of support (prayer and financial) International trips- 50 letters, National trips- 25 letters. All fundraising letters must be in the missions' office at least 60 days prior to team's departure. Participants who fail to meet this requirement will be responsible for all expenses not raised through their deposit and fundraising). Please initial here to indicate agreement _____

By submitting my application, I verify that the information provided in the application is accurate and complete to the best of my knowledge.

Signature _____ Date _____

Office use only

Deposit Date
Amount

Waiver and Release/Assumption of Liability Form

First Baptist Church Norfolk
Signed by Parent of Minor Student

I, _____ (Print students legal name) am participating in a mission trip sponsored by First Baptist Church; I understand this journey will involve the following:

(Name of mission journey and brief description of activities while on mission)

Certification of Capability to Participate and Understanding of Risks/Assumption of Risks:

My signature on this form is my certification that I am physically capable of engaging in the activity or event described above. Further, I acknowledge that I have had the risks of my participating in this activity or event sufficiently explained to me, and I understand the risks posed in this activity or event (or I have declined such explanation because I already understand the risks involved in this activity or event). In exchange for the privilege of participating in this church-sponsored activity or event, I hereby assume all risks of injury or damages of whatever type or form associated with my participation in this activity or event.

Consent to Treatment:

My signature on this form also constitutes my consent for the trip sponsors to consent to medical providers diagnosing and providing medical treatment to me at my expense in the event of injury or illness requiring emergency or other medical treatment while involved in this activity or associated with the activity.

I waive any claims or causes of action, including attorney's fees; I might have against First Baptist Church Norfolk for my participation.

Dated this _____ day of _____, 20__
(Date) (Month)

(Signature)

(Printed/Typed Name)

SUBSCRIBED AND SWORN TO before me, by the above and foregoing on this

_____ day of _____ 20__
(Date) (Month)

(Notary Signature)

(My Commission Expires)

(Notary Registration #)

(Seal)

Information Sheet

Print full name as it appears or will appear on your passport.

A middle name is mandatory if your government issued ID contains your middle name.

Birth Date _____ Gender _____

Insurance Information: (We purchase travel insurance and a beneficiary is required)

Your Beneficiary _____

Relationship _____

Beneficiaries Phone Number _____

Emergency Contact Information:

Name _____ Relationship _____

Day Phone Number _____ Other Phone Number _____

Medical Information:

Physicians Name: _____ Phone: () _____

List any medical conditions and/or allergies: _____

List medications you are taking and condition they are for: _____

Approximate Date of Last Tetanus Shot: _____

Signature _____

Date _____

Child Protection Process

First Baptist Norfolk and our Missions Ministry believe that children are a precious resource entrusted to us and their care and protection is a top priority. All Mission team members, both national and international must complete the requirements listed below. This process must be completed every 4 years, for those who go on Mission Journeys in multiple years.

For Team Members under the age of 18:

•Applicants under the age of 18 will complete a *Reference Form for Minor Mission Team Members* instead of the Criminal Background Check. A copy is included as the last page of this packet or it can be found online at www.firstnorfolk.org/ministries/missions/forms.

MISSION JOURNEY COVENANT

I am willing to be part of a team, to place myself under the direction and leadership of the team leader, and to accept his/her guidance during the planning phase and while on this mission journey. I understand that team members must be flexible while serving on the field. Even though the mission team will be prepared for the trip, there are many times when unexpected events will arise.

I commit to see obstacles as opportunities to see God overcome barriers and understand that by remaining flexible, the team will be able to work through these events successfully. I fully understand that I will be representing both Jesus Christ and First Baptist Church Norfolk. Our objective is to serve through our mission partnerships in a Christ-honoring way.

I also agree to uphold my financial responsibilities to First Baptist Church Norfolk and my team by making my deposit for this journey by (date)_____and submitting prayer/ fundraising letters (50 for International, 25 for National Journeys) to individuals whom I know in order to secure prayer support and mission journey funding. I commit to having these letters available to be sent through the Missions' Office of First Baptist Church Norfolk by the deadline that is set by my team leader, no later than 60 days prior to departure. If this requirement is not met, I will be responsible for the balance of funds not raised. Team participants who were not fully funded on their previous First Baptist Church Norfolk mission journey will covenant to pay any remaining balance between expenses and fundraising before going on their next mission journey. All balances must be paid at least 14 days prior to team's departure.

As a team member, I agree to the following code of conduct while serving on the field:

- Abstain from alcohol and use of tobacco;
- Dress in an appropriate and modest manner;
- Respect our partner church/missionary; and
- Be culturally sensitive at all times.

In the event that I do not follow the code of conduct, the following may occur:

- My activity on the field may be reduced;
- I may be sent home, and will be responsible for all additional costs incurred; and
- I may not be able to serve on future mission trips.

NAME: _____

SIGNATURE: _____

DATE: _____

Prayer Partners

Prayer Support is an key ingredient for each Mission Journey. We would like for you to enlist 10 Prayer Partners who will commit to pray for you and our team as we prepare and go on our journey. While on mission, please ask them to check our web-site, www.bigserveglobal.org for journey updates.

Your Name _____

1) Name of Prayer Partner _____

2) Name of Prayer Partner _____

3) Name of Prayer Partner _____

4) Name of Prayer Partner _____

5) Name of Prayer Partner _____

6) Name of Prayer Partner _____

7) Name of Prayer Partner _____

8) Name of Prayer Partner _____

9) Name of Prayer Partner _____

10) Name of Prayer Partner _____

Sample # 1 Fundraising Letter with Instructions:

This is a sample Fundraising Letter for Mission Journeys. You can download a copy of this form at our website: www.firstnorfolk.org and then edit with your own information. Please delete these instructions when completing your letters. Address your envelopes, fold and stuff your letters and bring them to First Baptist Norfolk for mailing. You can leave them with the receptionist at our church office. International Team members send 50 letters of support and National team members send 25 letters of support. All of the fields that are in bold letters should be edited to contain your particular journey information. If you have questions, please call the missions office at 4665181.

Date:

Dear _____

I am excited to tell you that I will be part of a First Baptist Norfolk mission team that is going to **Country in Month** of 20___. Our team will be working with missionaries in this country and will be **(indicate the type of ministries you will be involved in like VBS, Soccer Camp, church planting, street ministry.)** My team will be departing Norfolk on **date and return on date**.

We will be partnering with Baptist Nationals and International Mission Board missionaries and we believe hundreds of lives will be changed through this time of ministry. The cost of this trip is \$_____ and I am personally investing financial resources in order to answer the call on my life.

Romans 10:15 says, "How shall they go unless they are sent?"

I would like to ask you to do two things: Please pray for us as we prepare to go and during the time we are away. I would also ask you to prayerfully consider being a part of my sending team with a donation toward the expense of this trip. Together, we can see many lives changed by the power of Jesus Christ. You can look forward to hearing from me when I return about all the wonderful things the Lord did!!

I appreciate your prayers and consideration and I hope to hear from you soon.

Sincerely,

Your Name

If you would like to make a donation: Checks should be made payable to First Baptist Norfolk and designated in the following manner on the memo section of the check: **Country** name. Please send gifts to First Baptist Norfolk, 312 Kempsville Road, Norfolk, Virginia 23502, Attention: Sheri Bowling, Missions. Please enclose a note identifying the donation to be credited to my name. Your donation is considered a charitable contribution to First Baptist Norfolk for IRS purposes. In the event the trip is cancelled or I am unable to join the mission team, your donation will become part of the church's general mission fund. You may also make a donation online at: www.firstnorfolk.org/give and select "GIVE NOW" to give. Under the "FUND" dropdown box, choose "OTHER" and please make sure you enter the **Country** name and my name in the space provided.

Sample # 2 Fundraising Letter with Instructions:

This is a sample Fundraising Letter for Mission Journeys. You can download a copy of this form at our website: www.firstnorfolk.org and then edit with your own information. Please delete these instructions when completing your letters. Address your envelopes, fold and stuff your letters and bring them to First Baptist Norfolk for mailing. You can leave them with the receptionist at our church office. International Team members send 50 letters of support and National team members send 25 letters of support. All of the fields that are in bold letters should be edited to contain your particular journey information. If you have questions, please call the missions office at 466-5181.

Date:

Dear _____

As you may already know, I have been presented with an opportunity to be a part of a First Baptist Norfolk mission team going to _____, **(Country or City)**, in _____(Month). Our team will be _____ **(types of ministries like VBS, sports camps, etc.)**. I believe God has shown me how I can contribute directly to this effort and help fulfill His commission to, "go into all the world and preach the gospel to every creature." Mark 16:15.

I am writing to ask for your help in three areas. First and foremost, I ask you to pray for the success of this trip. It's not automatic just because we show up. We've already been planning, gathering materials we need, getting passports, shots, etc., and frankly, unless the Lord is directing these efforts, our work is in vain. So your prayers are extremely important!

Next, I would like for you to prayerfully consider being part of my sending team with a donation toward the expense of this journey. I am reluctant to request financial help but I truly believe God IS directing this ministry and I cannot go without help from others. The total cost of the trip is _____ and I am personally investing financial resources in order to answer the call on my life.

And lastly, I need you to pray again. Yes, the money is important but "where He guides, He provides." So, I know He will make a way but I need to know that people of faith are interceding as we begin this journey.

Thanks for prayerfully considering partnering with me and the team. I will update you on the many ways God transformed lives for eternity when I return. While we are away on mission, you can keep up with the mission by checking our blogs posted on www.bigserveglobal.org.

Sincerely,

Your Name

If you would like to make a donation: Checks should be made payable to First Baptist Norfolk and designated in the following manner on the memo section of the check: **Country** name. Please send gifts to First Baptist Norfolk, 312 Kempsville Road, Norfolk, Virginia 23502, Attention: Sheri Bowling, Missions. Please enclose a note identifying the donation to be credited to my name. Your donation is considered a charitable contribution to First Baptist Norfolk for IRS purposes. In the event the trip is cancelled or I am unable to join the mission team, your donation will become part of the church's general mission fund. You may also make a donation online at: www.firstnorfolk.org/give and select "GIVE NOW" to give. Under the "FUND" dropdown box, choose "OTHER" and please make sure you enter the **Country** name and my name in the space provided.

General Packing List for Mission Journeys

This is a general list for all Mission Journeys. Please talk with your Team Leader and make changes for the requirements specific to your country.

- Pajamas
- Guys – shirt & tie for Sunday service (optional-speak with your team leader about local customs)
- Girls – modest length dresses/skirts
- Walking shoes – make sure shoes are comfortable because you will be doing a lot of walking.
- Toiletries – toothbrush, toothpaste, shampoo, soap, razor, deodorant, comb/brush, hand towel
- Toilet paper – at least two rolls
- Personal care items
- Hand sanitizer
- Travel Pillow (optional but helpful on long flights!)
- Poncho or umbrella
- Camera and film
- Snacks to share
- Water bottle
- Phone card (Check with team leader to see if they will have cell phone with international service)
- Addresses of people you want to send postcards to thank them for their support
- Bible/notebook/journal/pen
- Any medication needed (let leader know about them) and pack some in two bags just in case one is lost.
- Tylenol/Advil/Cough medicine
- Allergy/Sinus medicine
- Imodium/ Pepto Bismol
- Travel alarm clock
- Small flash light/batteries
- REMEMBER: You will carry your own luggage so pack in one suitcase and one carry-on/backpack.
- Additional Country specific Items
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-
-
-
-
-
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Minor Release Form

Date _____

To Whom It May Concern:

We grant permission for our son/daughter _____ to travel to _____ . He/She will be traveling with a group and will depart _____

and return on _____. While on this trip, he/she will be under the care and responsibility of _____.

I authorize him/her to obtain any necessary emergency medical treatment by a duly licensed physician as needed for the well-being of my child.

Mother-(Print Name) _____

Father-(Print Name) _____

Signature

Signature

Sworn to and subscribed before me this

Sworn to and subscribed before me this

_____ day of _____, 20__

_____ day of _____, 20__

Notary Signature

Notary Signature

Seal

Seal

(Complete this reference form if you will be under the age of 18 when you go on Mission)

Team Member Name _____ Birth date _____ (DD/MM/YYYY)

Mission Journey Location _____ Date _____

Please print this form, complete it and leave at the church office in an envelope marked Missions.

Please list 3 references and complete the information requested. Teachers, Pastors or employers would be good to use as references. Each reference must be over 18 years of age and not related to you.

Name _____ Phone # _____

E-Mail _____ Relationship to you _____

Street Address _____

City _____ State _____ Zip _____

Name _____ Phone # _____

E-Mail _____ Relationship to you _____

Street Address _____

City _____ State _____ Zip _____

Name _____ Phone # _____

E-Mail _____ Relationship to you _____

Street Address _____

City _____ State _____ Zip _____