

STM APPLICATION

We are encouraged to know that you are interested in serving the Lord Jesus through a short-term mission trip. Each person will need to fill out an application for the trip in which they wish to participate. Please write clearly and answer all questions as applicable. Attach separate pages if needed. All applications must be turned in at least 3 weeks before the team departs (many teams will have a date much sooner in order to begin training). If your team will be going overseas please attach a copy of your passport. Any concerns regarding your participation on the team will be discussed with you, the team leader and the STM Coordinator. The final decision will lie with the team leader and the STM Coordinator.

Today's Date _____

Team Information

Team Name _____ Team Leader _____
Team Dates (Departure) _____ (Return) _____

Personal Information

Full Name _____ Name you go by _____
Sex M [] F [] Date of Birth _____ Place of Birth _____
Marital Status: Single [] Married [] Widowed [] Separated [] Divorced []
Spouse's Name _____ Number of Children _____
Home Address (please include city and zip code) _____

Home Phone # _____ Cell Phone # _____
E-mail Address _____
Passport number (If Applicable) _____
Expiration Date _____ Issuing Location _____

Emergency Contact

Name _____ Relationship _____
Home Phone # _____ Work Phone # _____
Address _____

Other Information

Current Profession _____ How long? _____
List any professional certifications you have _____

List any languages (other than English) you have proficiency in;
Language _____ Proficiency _____
Language _____ Proficiency _____
List any other skills, training, talents, gifts, (musical talents, first aid, etc.) that you have:

Your Walk With The Lord

How long have you attended FBC? _____ Are you a member? []Yes []No

In what ways are you active at FBC (or your home church if you do not attend FBC)?

How long have you been a Christian? _____

How did you come to know Jesus Christ as your Lord and Savior? _____

Ministry Service: Give a brief description of your most recent ministry experience.

Ministry

Location

Dates

How would you describe your current walk with the Lord ? _____

What has God been teaching you recently? _____

Why do you want to go on this short-term mission trip? _____

References

Please list 3 people from within the church or prior church involvement as references.

Name

Phone Number

Read and initial beside each portion below:

- I have read the Foothills Bible Church Doctrinal Statement and support its principles.
(<http://www.4fbc.org/info/beliefs/>)
- I agree to cooperate at all times with the Team Leaders concerning the work assignments, dress code, the food, the lodging and the accommodations provided for the team and to stay with the team from beginning to end unless given permission otherwise by the Team Leaders.
- I understand that in order to participate in this missions opportunity that certain expenses may be incurred by Foothills Bible Church on my behalf and in advance of my raising sufficient funds to cover all costs for the trip. Some of these expenses may be non-refundable. In the event that I am unable to go on this trip I agree that I am responsible for repayment to FBC of these non-refundable costs.
- I agree to abide by the following dress code. **Shorts:** No skintight shorts of any kind and no exposed bellybuttons. Shorts should come to mid-thigh or longer. **Pants:** No skintight pants of any kind. Jeans or slacks are fine. **Tops:** No tank tops, spaghetti straps, low neck or any clothing that does not cover all under garments. Looser rather than tighter is preferred. No midriffs showing. **Swimsuits:** Women/girls; modest one piece or two piece with midriff covered. Men/boys; Shorts or trunk style. No Speedo or bikini style suits.
- I do hereby voluntarily release, acquit, and forever discharge the church and its directors, officers, employees, and agents from all manner of suits, actions, demands, and liabilities that may arise from my participation in this trip. I realize that there are certain health and detainment risks as well as other risks to my property and person and I willingly enter into participation in this trip with full knowledge of those risks.

Applicant Signature

Date

Parent or Guardian (if applicant is under age 18)

Date

I understand the purposes and risks of this short term mission trip. I support and agree with my spouse's decision to be a part of this team.

Signature of Spouse (if applicable and not participating on the team)

Date

Medical and Insurance Information

Important medical history for treating physician: _____

Medication currently being taken: _____

Allergies: _____

If this is an international team, what is your blood type? _____

Please explain any medical challenges that could be an issue on the field: _____

Are there any behavioral/emotional/criminal issues that the team leader should be aware of?
(Such as history of smoking, alcohol or drug abuse, depression, non-biblical relationships, etc.) Please
explain: _____

Medical Insurance

Company: _____ Phone number of insurance co. _____

Policy Number: _____ Name of policy holder: _____

Expiration Date: _____

Authorization for Medical Care of Adult

I, _____ (Full name), born _____
do hereby authorize any necessary examination, anesthetic, dental, medical, or surgical diagnosis or
treatment by any duly licensed physician or dentist and hospital facility that may be deemed necessary
should I experience any illness or accident while traveling with the short-term mission team from
Foothills Bible Church of Littleton, Colorado, USA. This release is effective from the departure date to
the return date for this mission trip. (See front page)

Signature

Date

Authorization for Medical Care of Child (under 18 years of age)

Name of child (under the age of 18)

Birth date

The above named child has my permission to attend and participate in this (see front page) short-term
mission trip. In case of a medical emergency, I give my permission to the medical providers selected by
the team leader or their appointed person, to provide necessary medical examination, anesthetic, dental,
medical, or surgical diagnosis or treatment by any duly licensed physician or dentist and hospital facility
that may be deemed necessary should my child experience any illness or accident while traveling with the
short-term mission team from Foothills Bible Church of Littleton, Colorado, USA in case I cannot be
reached. This release is effective from the departure date to the return date as listed on the front page of
this from.

Signature of Parent of Guardian

Date