

Individual Short-Term Mission Application Bethel Church

Abbreviated Form for Repeat Applicants

| | | | |
|----------------------|--|---------------|--|
| Mission Destination: | | Date of Trip: | |
|----------------------|--|---------------|--|

Section 1 – Personal Information

| | | | |
|------------------|---------------------------|--------|------|
| Full Legal Name: | | | |
| Present Address: | City: | State: | Zip: |
| Email Address: | | | |
| Home Phone: | Gender: | | |
| Cell Phone: | Marital Status: | | |
| Work Phone: | Passport Number: | | |
| Date of Birth: | Passport expiration date: | | |

Emergency Contact Information

| | | | |
|----------------|--|--|--|
| Name: | | | |
| Phone Numbers: | | | |
| Relationship: | | | |

Insurance Information: We book emergency insurance for all trip participants. If selected for the team, who would you like listed as your insurance beneficiary and what is their relationship to you (Spouse, Father, Sibling, etc)?

| | | | |
|---------------|--|--|--|
| Name: | | | |
| Relationship: | | | |

Section 2 – Health Information

The following information is totally voluntary. However, it is desired to know of any medical conditions/medicines in order to avoid possible problems on the mission field.

| | |
|---|--|
| Are you under a doctor's care for any reason? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, please explain: | |
| Describe any other medical condition of which the team leader should be made aware: | |
| Please list all medications you are taking, as well as possible side effects: | |
| Do you abuse drugs or alcohol? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

*Please submit the application and direct any questions to:
(509) 628-0150, global@bethel-church.org, 600 Shockley Rd. Richland, WA 99352*

Section 3 – Church Background

| | | | |
|--|--|--------------------------|--|
| How long have you attended Bethel? | | Are you a Bethel Member? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, how long have you been a member? | | | |
| If no, please describe any membership plans: | | | |

| | |
|--|--|
| Are you currently in a small group at Bethel? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, who is your small group leader? | |
| If yes, how long have you been in a small group at Bethel? | |
| If no, describe plans for being in a small group: | |

| Please list your previous mission trips with Bethel: | | |
|--|-------|--------------|
| Destination: | Date: | Trip Leader: |
| | | |
| | | |
| | | |

If not typing your responses in the form (which will expand as you type) you may need to answer these questions on a separate sheet of paper to allow adequate space.

| |
|--|
| What would you personally be doing on this trip? |
| |

| |
|---|
| Explain why you want to go on this mission trip and how it will change/strengthen you in your future service in the Lord. |
| |

| |
|--|
| In what ways do you plan to make a personal sacrifice for this trip? (How will you save, what will you give up, etc) |
| |

Section 4 – Waiver of Claims and Medical Authorization

Should it be necessary for me to have medical treatment while participating in a Bethel supported program, I hereby give the team’s leadership permission to use their judgment in obtaining medical services for me. I give permission to the physician selected by the group’s leadership to render medical treatment deemed necessary and appropriate. All team members making this trip and their families are deemed to have waived all claims against the sponsoring organization, or Bethel and their paid or voluntary workers for injury, accident, illness, or death, occurring during, or by reason of the trip.

I have read and understood the foregoing statements agreeing to assume the responsibility stated and waive all claims as indicated.

| | |
|----------------------------|--|
| Printed Name of Applicant: | |
| Signature of Applicant: | |
| Date: | |

| | |
|--|--|
| Parent/Guardian (If applicant is under 18 years of age) PRINT | |
| Parent/Guardian (If applicant is under 18 years of age) SIGN | |
| Date: | |

*Please submit the application and direct any questions to:
(509) 628-0150, global@bethel-church.org, 600 Shockley Rd. Richland, WA 99352*

Bethel's Values for Short Term Missions Participants

Because of the nature, distance and investment of global ministry, the requirements and commitment to go on a short term mission trip is high. Since we are involved in making disciples of Christ and helping to build God's Kingdom across other cultures, we require the following of those who join a Bethel team:

- Bethel membership (or in process of becoming a member) and Bethel member commitments.
 - Engaged in a small group
 - Tithing
 - Faithful attendance
- No recent big life changing events (for example, recently married, birth of a child, death of a spouse, divorce, etc.)
- Christ-like Character:
 - Life above reproach (Being a good witness and ambassador for Christ)
 - In full submission to church authority
 - Involved in some ministry or service to the Lord
- Physically and emotionally capable to function in another culture. (for example: extreme heat/humidity, poverty, difficult travel, language barriers, etc.)
- Able to participate in all short term and team training leading up to the trip.

As a routine part of the applicant review process, references listed and/or other ministry leads may be contacted to respond with any background or character issues they might be aware of.

Mission trip application process

- Fill out application and return to Global Coordinator – drop it off at the office or email global@bethel-church.org
 - The application must be filled out fully or will be returned to the applicant
 - It is also advisable to save your application on a computer for possible subsequent trips.
- The Trip leader, Global Outreach Coordinator, and Director of Global Outreach approve or decline the application.
 - For many trips, a brief meeting may be scheduled with you to discuss any concerns prior to being accepted/declined for the trip.
- 3. The applicant is informed whether or not they have been selected for the team. If they were not, why they were not selected.
- 4. Team Leader communicates the dates for team meetings.

Mission Trip Expectations

Pre-Field

- Short term mission trip training is required for **all** trip participants. This is typically scheduled over a weekend. Please contact global@bethel-church.org if you need to know the training dates in advance of your team leader providing them to you.
- Team meetings will be scheduled by the trip Team Leader for purposes of team building, ministry preparations, training, logistics, etc. **All** participants are expected to attend the team meetings.
- The team may choose to do fundraising to help aid in the cost. All fundraising must adhere to Bethel's policy; please see your team lead for details. All fundraising is done as a team, not as an individual. Please do not solicit any fundraising without first discussing it with your team leader. All support raised will be distributed among the team members. This includes support you receive from your friends and family if the checks are made out to Bethel. If anyone wants to support only you, they should give you a check payable to you and not go through Bethel. Funds received by individuals in that manner are not tax deductible.

*Please submit the application and direct any questions to:
(509) 628-0150, global@bethel-church.org, 600 Shockley Rd. Richland, WA 99352*

On Field

- Adhere to the guidelines presented in team training/meetings.
- Remember that you are a guest working at the invitation of the local church or ministry.
- Remember that you have come to learn, not to instruct. You may come across procedures, that you feel are inefficient, or attitudes that you find closed-minded. You must resist the temptation to inform your hosts about “how I do things.” You must be open to learning other people’s methods and ideas.
- Respect the host’s view of Christianity. Recognize that Christianity has many faces throughout the world, and that the purpose of this trip is to witness and experience faith lived out in a different setting.
- Develop and maintain a servant’s attitude toward all nationals and teammates.
- Respect the Team Leader and his decisions.
- Refrain from gossip at all times.
- Refrain from complaining. Long travel and different cultures can present difficulties, but the rewards of conquering such circumstances are great. Be creative and supportive.
- Respect the work that is going on in the country with the particular church or people with whom we are working. While our team is there a short time, the local church is there for the long term. Respect their knowledge, instruction, and insights.
- Refrain from negative political comments or hostile discussions concerning the host country’s politics.
- Refrain from any activity that could be construed as a romantic interest toward a national. Realize that certain activities that seem innocent in your own culture are very inappropriate in others.
- Abstain from the consumption of alcoholic beverages and the use of tobacco products.

Post Field

- The Team Leader will schedule one or more sessions for team debriefing, testimony and reporting. These sessions are important for lessons learned and help to assimilate what God was seeking to do in your life during the trip. All participants are expected to participate in these sessions.
- Additionally, sharing is encouraged in other venues such as care group meetings, as these will help you process the mission trip experience and raise the vision of others for what God is doing in the world.

I have read the Bethel mission trip expectations and understand them. If selected for this trip, I agree to abide by them.

| | |
|---------------|--|
| Printed Name: | |
| Signature: | |
| Date: | |

*Please submit the application and direct any questions to:
(509) 628-0150, global@bethel-church.org, 600 Shockley Rd. Richland, WA 99352*

BETHEL CHURCH

AUTHORIZATION TO PERFORM BACKGROUND CHECK

Please mark the campus you attend:

Richland: Prosser:
 West Pasco: Kid's Express:

Please mark the ministry you are applying for:

Children's: Middle School: High School: Women's:
 Men's: Sports: Small Groups: Missions:

Please complete the following information:

| | | | | | | | |
|--------------------------------------|--|--|--|-------------------------|----------------|-----------------|-------|
| First Name: | | | | | | | |
| Middle Name: | | | | | | | |
| Last Name: | | | | | Eye Color: | | |
| Maiden Name or any other names used: | | | | | Date of Birth: | | |
| Phone: | | | | Gender: | | Marital Status: | |
| Current Address: | | | | City: | | State: | Zip: |
| Social Security Number | | | | Drivers License Number: | | | State |

Addresses for the past seven years (include street, city, state, zip code)

| Address: | Dates of Residence: |
|----------|---------------------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |

I do hereby authorize Bethel Church to perform background checks related my background history. I understand I have the right to review any information Bethel Church receives. To review such information, I understand I will be required to make an appointment during Bethel's regular business hours. Bethel Church's representative will schedule said appointment within two weeks of the request.
 Background information will be reviewed by staff of Bethel Church and kept in a secure file in the Bethel office.

By signing below, I confirm that the above information is true and correct, as listed.

| | |
|---------------|--|
| Printed Name: | |
| Signature: | |
| Date: | |

NOTE: Bethel Church requires an updated background check every three years. By signing this document authorization is given to conduct additional background checks as needed.

*Please submit the application and direct any questions to:
 (509) 628-0150, global@bethel-church.org, 600 Shockley Rd. Richland, WA 99352*