

Application for Short Term International Mission Trips

Corinth Baptist Church

1035 US Hwy 17 South

Elizabeth City, NC 27909 (252) 335-7287

DEPOSIT: \$250.00 is required with this application. Applications will not be accepted without the deposit. **PASSPORT:** Turn in the passport with this application unless you are traveling out of the country prior to trip's departure date. If that is the case, a colored copy of the passport is required with this application. Please give the dates of your travel prior to the mission trip in case a visa is required. A copy of your passport will be kept in the church office and by the team leader in the event your passport becomes lost or misplaced, this will help acquire a replacement.

Date of Application Submitted: _____ **Location of Trip:** Southeast Asia

Personal Information

Name: _____ Male _____ Female _____
(First) (Middle) (Last)

Physical Address: _____ P.O. Box #: _____

City: _____ State: _____ Zip Code: _____

Phone (Home): _____ (Work): _____ (Cell): _____

Permanent Address (if different): _____

City: _____ State: _____ Zip Code: _____

E-Mail: _____ Date of Birth: ____/____/____

Beneficiary/Relationship: _____ / _____ Citizenship: _____

Country of Birth: _____ Marital Status: Single: _____ Widowed: _____

Married: _____ (If married, spouse's name): _____

Passport #: _____ Passport Name (i.e.) _____

Issue Date: ____/____/____ Expiration Date: ____/____/____

In Case of Emergency, please notify:

Name: _____ Relationship: _____
(First) (Middle) (Last)

Address: _____

City: _____ State: _____ Zip Code: _____

Phone (Home): _____ (Work): _____ (Cell): _____

E-Mail: _____

Volunteer Field Information

Mission Project: _____ Dates of Project: ____/____/____ to ____/____/____

Please list any foreign language training and your level of proficiency: _____

Please indicate any special skills, talents, or Christian service experience that you feel may be helpful on the field: _____

Please list any missions experience:

Country	Mission Organization	Dates	Ministry
---------	----------------------	-------	----------

Involvement

Are you a member of Corinth Baptist Church? Yes: _____ No: _____ (If yes, how long?) _____ (If no, then where?) _____ Do you attend regularly in Sunday School? _____
Sunday Morning Worship? _____ Sunday Evening Worship? _____ Wednesday PM? _____

Please list all ministries that you have been involved in your local church. (Please include time of involvement and any leadership positions you held.) _____

Please list any ministries that you have been involved with outside of your local church. (Please include time of involvement and any leadership positions held.) _____

Do you financially support the total ministry of Corinth Baptist Church or your local church? __ Yes __ No
Are you involved in an outreach program? ____ once a month ____ once a week ____ daily ____ not at all

Health

Rate your present health? Excellent: _____ Good: _____ Average: _____ Poor: _____

Please list any **major** illness(es) you have had in the past 5 years: _____

Please list any allergies you may have: _____

Are you presently under the care of a physician? Yes: _____ No: _____ (If yes, please explain: _____

***Most mission projects require some physical stamina. In most projects, there will be quite a bit of walking (some of that is on inclines like stairs or hills) & long hours of service without a break. You need to be prepared physically to work hard.

References

Please provide **2 references**, one of which should be a minister or a teacher at Corinth Baptist Church in the area you serve or have served. The other should be someone who knows your ministry abilities, as well as your strengths and weaknesses.

(1) Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone (Home): _____ (Work): _____ (Cell): _____

(2) Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone (Home): _____ (Work): _____ (Cell): _____

Testimony

(*You may place this portion in a Word Document and attach to the form.)

*In the space provided below, please share your personal testimony. Please include how long you have been saved, how you were saved, and describe your walk with the Lord since you've been saved.

*What do you hope to gain from serving on this mission project? _____

*Briefly explain what you hope to see the Lord do in you and through you on this mission project: _____

*The purpose of this trip is to serve and do ministry, it will be time consuming and intensive. Once the team is established there will be at least three required meetings for prayer, training and to receive updates. What type of commitment and involvement do you see yourself being able to give to the team and this mission endeavor?

Signatures

Team Members from Other Local Churches

Please have your pastor read the following statement and sign below:

*The applicant is in good standing in the local church and I recommend him/her for the short-term mission trip with Corinth Baptist Church.

Signature of Pastor Date _____ Pastor's Name Printed

Please initial indicating you have read and agree to the *Policy and Procedures for Volunteers* enclosed in this application.

By submitting this Application Form, you are informing Corinth Baptist Church that you are interested in participating in a mission project. Your Application Form will be placed in a file with other submitted Application Forms to be reviewed by the Staff and the Missions Committee. Because we want to be good stewards of the time and funds that God has given us, and because we encourage people to serve according to the spiritual gift or gifts that God has blessed them with, the project will be filled with personnel whose talents and gifts can best meet the needs given by field personnel. This will help us maximize our effectiveness while on the field and you will receive the greatest blessing because you are serving according to your giftedness. Thank you for your desire to learn about and live up to your responsibility to the world as one of God's people. After your Application Form has been viewed and prayed through and after we have received the Lord's direction concerning the personnel needed to accomplish the task at hand, we will contact you and tell you whether or not you have been approved. Note: IMB requires: a volunteer application, references and background checks on all volunteers working with IMB Personnel. If any of your responses requires additional space, please feel free to attach them to your application.

(Signature of Applicant) Date ____/____/____

(Signature of Applicant's Parent if a Minor) Date ____/____/____

(Signature of Notary Public required if applicant is a **minor**.) Date ____/____/____

(Signature of Coordination Team Member) Date ____/____/____

_____ Date ____/____/____

_____ Date ____/____/____

_____ Date ____/____/____

_____ Date ____/____/____

_____ Date ____/____/____

Corinth Baptist Church Statement of Purpose
KNOW CHRIST AS LORD
PROCLAIM HIS MESSAGE
MINISTER IN HIS NAME