
Missions Packet:

Short- Term Missions



5086 Poplar Springs Road
Gainesville, Georgia 30507
770-287-3311
www.hopewellonline.org
Missions Pastor: Dwight Joy
dwright@hopewellonline.org



Our desire is to obey Christ's Command to Make Disciples of All the Nations. We believe God has uniquely gifted every believer to serve Him and every member of Hopewell has an important part in Advancing God's Kingdom. We invite you to help us "Declare His glory among the nations, His marvelous deeds among people."
-1 Chronicles 16:24

Thank you for taking the first step of completing an application to be a part of a Short-Term Mission Team. We are excited to have you join us in this mission. As you are completing this application, please do not hesitate to contact the Missions Department if you have any questions.

NOTE: Before completing this application, please pay close attention to the following details:

- Every applicant who is applying to go on the trip **MUST** complete an application and must complete all sections of the application individually. This includes spouses and children ages 12 and older.
- This application has four parts. Part One is the Application itself. Part Two includes Financial Policies. Part Three is the Medical Information section. Part Four is the Application Checklist for all items that need to be turned in to the Missions Department.

(Please **PRINT** Clearly and Completely.)

NAME (LAST)		(FIRST)	(M.I.)	(PREFERRED NAME)
ADDRESS		CITY	STATE	ZIP
DATE OF BIRTH	HOME PHONE	WORK PHONE	CELL PHONE	
<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		MARITAL STATUS (circle one): Single Married Divorced Separated Widow/Widower		NAME OF SPOUSE
YOUR E-MAIL ADDRESS		EMPLOYER	OCCUPATION	
DO YOU HAVE A PASSPORT? <input type="checkbox"/> YES <input type="checkbox"/> NO		<i>IF YES:</i> NAME <u>EXACTLY</u> AS IT APPEARS ON PASSPORT		PASSPORT NUMBER
Issue Date: Exp. Date:	ISSUING AGENCY	<i>IF NO:</i> IS PASSPORT BEING PROCESSED?		DATE SENT
EMERGENCY CONTACT NAME		PHONE NUMBER	RELATIONSHIP TO YOU	
CHURCH MEMBERSHIP: <input type="checkbox"/> HOPEWELL <input type="checkbox"/> OTHER		IF OTHER, WHERE?	PASTOR'S NAME	CHURCH PHONE
Any other important information:				



PERSONAL TESTIMONY

Write out the Gospel in your own words.

Write out your salvation story, including when you were baptized.



INVOLVEMENT

How are you currently growing in your relationship with Christ?

List your spiritual gifts. Also list any other skills and/or talents (i.e. -preaching, teaching, singing, carpentry, musical instrument, medical experience, work with children/elderly, etc).

List all ministry involvement (current and/or past).

List any specialized training in an area of ministry (i.e. -evangelism, leadership, missions, education, music, etc.).

List any cross-cultural experiences you have had (local and/or international).

How are you currently sharing your faith? Please give a recent example of sharing your faith.



REFERENCES

Please provide two references. One reference should be a church staff member. The other reference should be someone who knows your ministry abilities as well as your strengths and weaknesses.

NAME: _____

RELATIONSHIP TO YOU: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBERS – HOME: _____

WORK: _____

CELL: _____

E-MAIL: _____

WHICH IS THE BEST WAY TO CONTACT THIS REFERENCE?

HOME WORK CELL E-MAIL

NAME: _____

RELATIONSHIP TO YOU: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBERS – HOME: _____

WORK: _____

CELL: _____

E-MAIL: _____

WHICH IS THE BEST WAY TO CONTACT THIS REFERENCE?

HOME WORK CELL E-MAIL



APPLICANT INFORMATION

NOTE: The information disclosed below will be read and held with **confidentiality** by members of the Missions Department and your Short-Term Team Leader. Answering “yes” to the following questions does not necessarily disqualify you from joining a Short-Term Team. However, in order to uphold the integrity of the individual, other team members, and for the sake of our church and the Gospel, we ask that you carefully consider the questions below.

1. Excluding minor traffic violations, have you ever been convicted of any violation of any law or ordinance? (*If yes, please clarify below.)	() YES () NO
2. Have you ever been arrested or criminally convicted for either physical or sexual abuse of a child? (*If yes, please clarify below.)	() YES () NO
3. Do you have any physical impairment that prevents you from physical work? (*If yes, please clarify below.)	() YES () NO
4. Have you been under the care of a counselor or licensed mental health professional over the past 12 months? (*If yes, please clarify below.)	() YES () NO
5. Do you have any medical issues that the Missions Department should be aware of? (*If yes, please clarify below.)	() YES () NO
6. Is there anything about your lifestyle that would potentially bring reproach on yourself, your family, Hopewell Baptist Church, or the name of Jesus Christ? (*If yes, please clarify below.)	() YES () NO

Applicant Information Clarification:



In submitting this application (this section is for ALL applicants):

- I am expressing my agreement with Hopewell Baptist Church’s Vision, Beliefs, and Strategy.
- I am willing to work under the direction of the Hopewell Baptist Church Missions Department as well as my Team Leader 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 Christians we will be serving, 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 training arranged by the Missions Department and/or Team Leader and complete all requirements for the trip.
- I agree to return home at my own expense if the Team Leader, in conjunction with the Missions Department, determines my behavior is/has been inappropriate and therefore jeopardizing to the long-term ministry.
- I acknowledge that Hopewell Baptist Church will not be responsible for extra trip expenses (i.e.-airline tickets, airport meals, hotel, etc). Should these occur, they will be passed along to the traveler.
- I understand that my involvement on this trip can be denied prior to travel if I do not participate in the full preparation of the trip.

_____ Applicant Signature

_____ Date

AFFIDAVIT FORM

(this section is to be completed by a parent/guardian for MINOR applicants only)

In consideration for participating on the following short-term mission project: _____
Dates: _____

I hereby give my son/daughter permission to travel to and from _____ with _____ and its representatives. I also authorize _____ and its representatives to initiate any medically necessary care on my son/daughter’s behalf in the event of my son/daughter’s incapability to present themselves for such care and agree to be financially responsible to any care provider and authorize the release of any necessary medical and/or insurance related information pertinent to the circumstances.

Applicant Signature: _____

Parent/Guardian Signature: _____

And dated this _____ day of _____, 20_____.

The following is to be completed by the Notary Public witnessing the individual(s) signature(s).

The State of _____ the County of _____

Before me, a Notary Public, on this day personally appeared _____ known to me (or proved to me on the oath of _____)

to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he/she executed the same for the purpose and consideration therein expressed. Given under my hand and the seal of the office this _____ day of _____, 20_____.

Notary Public
My commission expires: _____



RELEASE OF LIABILITY

(this section is for ALL applicants)

Name of Sponsoring Organization: Hopewell Baptist Church

Address: 5086 Poplar Springs Road
Gainesville, Georgia 30507

Phone: 770-287-3311

Name of Team Leader: _____

Phone: _____

Description of Activity: _____

Date(s) and Location(s) of activity: _____

In signing this form, I, _____, agree not to hold Hopewell Baptist Church, its affiliated officers, employees, or other associated agents liable for any injury, loss, damage, or accident that I might encounter while on a short-term missions event/effort.

I realize and acknowledge that my participation on a mission trip to a foreign country includes risks and possible dangers. I am well aware that my travel to such a foreign country exposes me to such risks as accidents, disease, war, political unrest, injury from construction projects, and other calamities.

I hereby assume any such risk that might result from my participation in a short-term missions project, and I unconditionally agree to hold Hopewell Baptist Church, its affiliated officers, employees, and any other associated agents blameless for any liability concerning my personal health and wellbeing, or any liability for my personal property that might be lost, damaged, or stolen while participating in a short-term missions project.

Applicant Signature: _____

Parent/Guardian Signature: _____

(if Applicant is 18 years of age or younger)

And dated this _____ day of _____, 20_____.

The following is to be completed by the Notary Public witnessing the individual(s) signature(s).

The State of _____ the County of _____

Before me, a Notary Public, on this day personally appeared _____

known to me (or proved to me on the oath of _____)

to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he/she executed the same for the purpose and consideration therein expressed. Given under my hand and the seal of the office this _____ day of _____, 20_____.

Notary Public
My commission expires: _____



PART TWO: Financial Policies

It is the desire of the Hopewell Baptist Church Missions Department to be good stewards of the finances with which we have been entrusted. These policies were developed with that desire in mind. The Missions Department encourages all participants to review and adhere to all the following policies:

➤ **Payment Options:**

1. All checks should be made payable to "Hopewell Baptist Church." Only list "Missions" in the memo ("For") line of the check (do not list the applicant name on the check). All donations are tax-deductible.
2. Attach a note to the check stating the applicant name for which the check was written. Attach a similar note to any cash donations.
3. Participants may mail personal checks/cash to: Hopewell Baptist Church, ATTN: Financial Office, 5086 Poplar Springs Road, Gainesville, Georgia 30507.
4. Supporters of applicants should mail/deliver any checks/cash to the applicant. The applicant should then send support payments to the name/address listed above.
5. Applicants may also deliver support check/cash to the Financial Office at Hopewell Baptist Church during regular business hours (Monday-Thursday 8:00am-4:00pm). The applicant may also bring support checks/cash to any team training session and deliver to the Team Leader.

➤ **Deposits/Expenses/Refunds Policy:**

INITIALS

1. I understand all deposits are non-refundable and non-transferable. _____
2. I understand that I am responsible for raising funds for the full amount of the trip. _____
3. I agree to meet all team payment deadlines as assigned by the Team Leader. _____
4. I understand that NO reimbursements for passport fees/immunization costs/supplies/etc can be given without a receipt. _____
5. I understand that NO reimbursements will be paid unless there are adequate funds in the participant's trip account. _____
6. I understand any changes in expenses must be communicated to the Missions Department and/or Team Leader immediately. The cost of the trip will be adjusted accordingly if necessary. _____
7. I understand any additional expenses incurred while on the trip will not be covered by Hopewell Baptist Church. All participants are required to take an additional \$200 in cash and a valid ATM card/credit card for emergency purposes. _____
8. I understand that no personal/individual fundraising is allowed on the campus of Hopewell Baptist Church (i.e.-selling candy/food, crafts, etc). ALL ON-CAMPUS FUNDRAISING MUST BENEFIT THE ENTIRE TEAM AND MUST BE PRE-APPROVED BY THE MISSIONS DEPARTMENT AND/OR TEAM LEADER. _____
9. I understand that any fundraising amount received in excess of the cost of the trip will be used for other trip expenses (i.e.-meds for medical trips, Bibles, etc) and/or transferred to the Missions Offering Account. NO REFUNDS WILL BE GIVEN. _____

(FINANCIAL POLICIES CONTINUED ON NEXT PAGE)



(Financial Policies—Continued)

➤ Deposits/Expenses/Refund Policy (continued):

10. I understand airline tickets will be purchased after the first payment deadline. I also understand airline tickets are non-refundable and non-transferable. _____
11. I understand if the participant cancels for any reason after airline tickets have been purchased, an airline voucher will be issued in the participant's name rather than a cash reimbursement for the ticket price. This voucher will be valid for 12 months following the issue date. _____

➤ Changes and Cancellations:

1. I understand changes or cancellations to registration should be communicated to the Missions Department and/or Team Leader immediately. _____
2. I understand payments for expenses that have already been paid are non-refundable and non-transferable between trips. _____
3. I understand all donations given toward a missions project are non-refundable, even in the event of participant cancellation. I understand this applies if the participant cancels for ANY reason. _____
4. I understand all donations given toward a missions project are non-refundable, even in the event of cancellation of a missions project by the Missions Department and/or Team Leader. In this case, the trip will be rescheduled for a later date and funds in the participant's account will be applied at that time. _____

Any other important financial information pertaining to this specific missions project:

I certify that I have read and initialed each of the financial policies listed above. Furthermore, I certify that I understand each policy and plan to adhere to these policies for this missions project.

Applicant Signature: _____ Date: _____

Parent/Guardian (if applicant is 18 years of age or younger): _____



FINANCIAL POLICIES--CONTINUED

Short-Term Missions Support Raising--Team Building Approach

Building a Support Team

Each individual team member will be responsible for developing his or her own support team. The support team consists of:

- *Prayer Supporters
- *Encouragers
- *Financial Contributors

Even if you are able to completely fund the trip yourself, you should still consider getting other believers involved with your trip preparation. The concept is to develop a team, not just raise funds. The idea of the team is to involve as many people in the mission experience as possible. You should seek people that you want on your team, not just those who you think will give financially. The most important need for the team member is prayer—before, during, and after the project. Remember, if the prayer support is in place, everything else will fall into place also.

Raising Funds

If an individual cannot pay for his or her trip, the most effective and proven method to raise funds is to write a letter for distribution among family, friends, and co-workers. People are usually happy to invest in someone they know personally, especially if they are unable to physically travel on a trip themselves. This is their way of “traveling” with the team member.

Write the Support Team Letter

Three types of letters:

- *Letter for Prayer (if you are paying the entire cost of the trip yourself)
- *Letter for Prayer and Financial Support
- *Letter for Project Support (i.e.-donations of Bibles, medicines, supplies, etc)

Consider including the following information in/with your letter:

- *Information about the country you are traveling to
- *Description of what the team will be doing
- *Dates and cost of the trip
- *Why you want to be involved with this trip
- *How the reader of the letter can be involved with this trip
- *Keep the letter brief
- *Don't forget to include:
 - Policy Slip with instructions for donations for the trip
 - Ask the reader to send all donations to you
 - Date you need the money
 - Include a Response Card and ask the reader to complete it and send it back to you
 - Consider including a self-addressed, stamped envelope so the reader can easily send donations back to you

(See the following pages for examples of a Support Team Letter, Policy Slip, and Response Card.)



Your Name
1234 Your Street
Your Town, Georgia 12345
(770) 123-4567

Sample
Support
Team
Letter

Dear Friends and Family,

I am writing to let you know that God has called me to return to Moldova this June. I would first like to thank you for the past prayers and support that you gave to me and my wife. With God's calling and your support, this will be my third trip.

Last year, in Moldova, over 800 people accepted Jesus Christ as their personal savior. This was a direct result of your prayers, your financial support and God's loving grace.



Me and the interpreter sharing God's Word with the Moldova children.



Children from the Soup Kitchen.

We were also able to share words of encouragement and proclaim the Gospel to the men, women and children of the soup kitchen as well as the students in the schools.

This year we plan to share the gospel in several ways. For the children, there will be Bible Schools. For the adults we will preach salvation, in nightly services. We will visit the hospitals to pray and encourage the sick. Also we plan to teach effective witnessing to the saved.



Bible School - June, 2001

I am now asking for your help. I feel that God has called me to return to Moldova. You can help the mission team by praying. Prayer is the first and foremost weapon that we have. Of course any financial assistance you could provide would be greatly appreciated. The cost of this trip is \$1,400.00. If you would like to help with a financial blessing, please make your tax-deductible check to: Hopewell Baptist Church c/o Dwight Joy Mission Trip. May God bless you in all that you do.

In Christ Service,

Your Name and Signature



Policy Slip and Response Card
(make copies to include with your support team letter)

Policy Slip

All donations to Hopewell Baptist Church or any other supporting churches are non-refundable. To be tax-deductible, consider the following regarding your donation:

- *Payable to "Hopewell Baptist Church." Only list "Missions" in the memo ("For") line of a check or money order. Do not list the participant's name anywhere on the check or money order.
- *Attach a note to the donation stating the name of the participant for which the donation is given.
- *Send all donations to the participant. The participant is responsible for delivering donations to the church.

Response Card

Name: _____

E-Mail: _____

Yes, I would like to be a part of this Missions Project through Hopewell Baptist Church.

_____ I commit to support this project through prayer.

_____ I commit to support this project through prayer and a financial donation.

Please return this card to me.
Thank you so much for your support!



PART THREE: Medical Information

Team Information:

Team Leader: _____
Trip Location: _____ Trip Dates: _____

Personal Information:

Full name: _____ Gender: _____
Date of Birth: _____ Age: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____
Parent/Guardian (if age 18 or younger): _____

Emergency Contact Information:

Please provide the name and contact information of two individuals not traveling with your team who may be contacted in the event of an emergency.

Name: _____
Relationship to You: _____
Phone: _____ Alternate Phone: _____

Name: _____
Relationship to You: _____
Phone: _____ Alternate Phone: _____

Insurance Information:

Insurance Company: _____
Policy Holder: _____ Relationship to Applicant: _____
Policy #: _____ Group #: _____
Ins. Co. Claims Address: _____ Phone: _____

Applicant Medical Information:

Primary Care Physician: _____
Physician Address: _____ Phone: _____

How would you describe your present health? () Excellent () Good () Fair () Poor

Do you have **any** allergies? (including medicines, foods, latex gloves, etc) ____ Yes ____ No
If yes, please explain:

List any specific medical conditions requiring medical treatment and/or medications:

List any physical challenges you may face on this trip:



Medical Information—Continued

List ALL medications taken on a regular basis:

List all operations/serious injuries (include dates) within the past 5 years:

Have you had contact with contagious or infectious diseases within the last four weeks?

_____ Yes _____ No If yes, please explain: _____

Do you have any special dietary restrictions? _____ Yes _____ No If yes, please explain: _____

What type of pain medication may be given to you if necessary?

Emergency Authorization:

I hereby give permission to medical personnel selected by my Team Leader and/or his/her designee (hereafter the 'Authorized Agents') to order x-rays, routine tests, and any treatment deemed medically necessary for me. In the event of an emergency and neither my primary nor my secondary emergency contact can be reached, I hereby give permission to the physician selected by the Authorized Agents to secure proper treatment, hospitalize, order injections and/or anesthesia, and/or surgery for me.

I further authorize the release of the above medical information to appropriate medical personnel and/or the health coverage insurance company. In addition, I have, and do hereby, release Hopewell Baptist Church, its employees or agents, and in country contacts from liability associated with participation on this mission project.

I understand that if I do not have medical insurance, I will be responsible for any medical expenses in the event of a sickness or injury.

I understand that there are risks involved in participating in this or any other missions project.

Applicant Signature: _____

Parent/Guardian Signature: _____

(if Applicant is 18 years of age or younger)

And dated this _____ day of _____, 20_____.

The following is to be completed by the Notary Public witnessing the individual(s) signature(s).

The State of _____ the County of _____

Before me, a Notary Public, on this day personally appeared _____

known to me (or proved to me on the oath of _____)

to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he/she executed the same for the purpose and consideration therein expressed. Given under my hand and the seal of the office this _____ day of _____, 20_____.

Notary Public

My commission expires: _____



Medical Information—Continued
Immunization Information

HEPATITIS A

This very common viral liver infection, spread by unclean food and water, can be debilitating for months. The excellent new (1995) Hepatitis A vaccine is given in two doses at least 6 months apart. This replaces the old “gamma globulin.” The first dose protects for over a year, and the second for probably 20 years or more. Minimum age for this vaccine is 2 years old.

HEPATITIS B

Hepatitis B is another type of viral hepatitis. This very common infection can cause liver disease such as cirrhosis, failure and/or cancer. The disease is spread sexually (most commonly), by blood, and by contaminated equipment such as needles. **“MANDATORY” FOR SHORT-TERM TRAVELERS WHEN THERE IS A POSSIBILITY OF “HANDS ON” INVOLVEMENT IN CHILDCARE OR MEDICAL/DENTAL WORK.** Do not get close to medical/dental work or used supplies if you have not had this vaccine. For other short-term travelers, the Hepatitis B vaccination is optional. Many travelers won’t have time before travel for the full series of three doses (given over six months), so a condensed dosing schedule may be necessary: Day 0, Day 30, Day 60 and again at one year.

JAPANESE B ENCEPHALITIS

This mosquito-carried viral illness is untreatable and can be fatal or disabling. The vaccine is given as three injections over a period of 30 days. It is definitely recommended for those staying more than 4-6 weeks in an at-risk area; some would recommend it for persons spending ANY amount of time in these areas. A booster should be considered after 2 years if you return to an area where there is a risk of exposure to this disease. Minimum age for this vaccine is 1 year old.

MALARIA

Malaria is a serious, sometimes fatal, disease caused by a parasite. Humans are infected by being bitten by an infected mosquito. Preventive measures include mosquito repellents and oral medications (sometimes beginning days or weeks before travel so investigate medications early).

MEASLES

This is common in many countries, so it is strongly recommended that ALL individuals born on or after January 1, 1957 have had two doses of measles or MMR vaccine after their first birthday. If only one dose was received as a child, a second one is needed. Persons born before 1957 are considered to be immune to measles and thus need no measles vaccine or booster.

(IMMUNIZATIONS CONTINUED ON NEXT PAGE)



Medical Information—Continued
Immunization Information

POLIO

Adults having had the primary series of either OPV (oral polio vaccine) or IPV (inactivated polio vaccine “shot”) should be given a single IPV booster dose once as an adult if traveling to countries where poliomyelitis outbreaks may occur.

TETANUS-DIPHTHERIA OR TETANUS TOXOID

If definitely immunized in the past, a booster is recommended every 10 years. For those going to remote areas or at increased risk of injury (i.e. construction work), a booster might be given before departure if 5 years have passed since the previous booster. This would prevent the need to find a clean, safe booster dose if injured while overseas.

TYPHOID

Typhoid is a treatable illness that is seldom fatal in previously healthy persons. The risk of becoming ill with typhoid on a trip of a couple of weeks is not very high if reasonable precautions can be taken about food and drink. Vaccination is more important if trip organizers feel that sanitation of food and drink may be especially risky. Typhim VI is a newer injectable vaccine with far less side effects than the older injection but with a minimum patient age of 2 years. The oral vaccine (Vivotif) is an option for persons at least 6 years of age. There is currently no vaccine being produced for children under 2 years of age.

YELLOW FEVER

Yellow fever is a mosquito-borne viral disease. Immunization is required for areas at risk. A single dose is effective for 10 years. Boosters are needed at 10 year intervals.

SEE THE CDC WEBSITE OR THE LOCAL TRAVEL CLINIC FOR INFORMATION ABOUT THE SUGGESTED IMMUNIZATIONS/MEDICATIONS FOR YOUR SPECIFIC TRIP.

I understand it is my responsibility to obtain information about recommended/required immunizations/medications for this missions project. I also understand the choice of whether or not to get the required/recommended immunizations/medications is completely my choice. I also understand it is my responsibility to either: pay for these immunizations/medications and/or submit receipts to the Missions Department for reimbursement (if applicable) and/or submit this treatment to my insurance company for reimbursement.

Applicant Signature: _____ Date: _____
Parent/Guardian Signature (if applicant is 18 years of age or younger): _____



PART FOUR: Application Checklist

NOTE: Submit the following materials to the Missions Department at Hopewell Baptist Church. These materials can be submitted to the church on Sundays, weekdays (during business hours), and/or through your Team Leader. All materials should be submitted with your application. Your application will not be considered complete until all of these materials are turned in to the Missions Department.

- *Completed Application—including all required signatures, notarized (where necessary)
- *\$100 deposit
- *Actual passport (not just a copy)
- *Copy of medical insurance card
- *4 passport-sized photos
- *If your missions project is to India and/or Nepal, please also submit a copy of your driver's license and birth certificate.
- *Make a copy of this application for your records and future use before submitting to the Missions Department as you might need some of the listed information before you depart on this missions project and/or for future missions projects.