



Immanuel
baptistchurch



*"You will receive power when the Holy Spirit comes on you;
and you will be My witnesses in Jerusalem, and in all of Judea and Samaria,
and the the ends of the earth."*

2017 ibcGO Team Member Application

Acts 1:8 Strategy Team



Congratulations on taking this awesome step towards joining God in what He is doing globally! Just beginning this application represents a significant next step as it reveals your conviction that His Calling > Our Comfort. As your church family, we are committed to do all that we can

to encourage and equip you for this short-term mission experience. This application provides the basic information needed in order to help begin exploring and preparing for the life changing experience that God has prepared for you.

Application Instructions:

1. Print out and carefully review the entire packet before beginning. Please allow adequate time for completing the various sections.
2. Each participating family member should complete the entire application.
3. *We do request that a new application be completed each year, due to the fact that our testimony is constantly changing because God is always active in our lives and in order to assure that we have up-to-date personal information such as medical coverage, cell numbers, etc.*
4. Completed applications should be submitted to missions@ibccorbin.com or to the church office by the date of the first scheduled training session for the selected ibcGO experience, unless a different application deadline has been specified. Please see ibccorbin.com/missions for projected training dates, etc.
5. If completing online, please print a copy for the purpose of notarizing medical forms.
6. Applications will not be considered complete until all paperwork, including passport and health insurance information, has been submitted *with designated deposit*.
7. Completed applications should be dropped off at the church office anytime during regular business hours Monday through Friday or at the first scheduled team meeting.

If you have any questions or need additional information regarding the application process, contact church office.

Immanuel Baptist Church
720 Browning Acres Rd
Corbin, KY 40701
(606) 528-4975

www.ibccorbin.com/missions

ibcGO Team Member Application

Application Date: _____ Location & Dates of trip: _____

Personal Information

Name: _____

Last

First

Middle

Street Address: _____

City: _____ State: _____ Zip Code: _____

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

Email: _____ Preferred method of contact []Email; []Cell; []Home; []Work

Gender: [] Male [] Female Date of Birth: _____

Marital Status: []Single []Engaged []Married []Widowed []Separated []Divorced

Spouse's Name: _____

If you have Children, Children's Name (s)/Age/Gender

_____	_____	Male	Female
_____	_____	Male	Female
_____	_____	Male	Female
_____	_____	Male	Female

Do you regularly attend a LIFE group? []Yes []Not yet Please indicate which group & how long you've been participating:

Your Occupation:

Passport Information

Do you have a passport? ()Yes ()No ()Applying

Name (as it appears on your passport): _____

Passport Number/Issue Date: _____

Nationality/Place of Issue: _____

Passport Expiration Date: _____

Travel Insurance Information

Immanuel Baptist Church provides traveler's insurance to all team members as according to our policies. Please indicate your chosen beneficiary below:

Name:

Relationship:

Relationship to Immanuel Baptist Church

- Member since _____/_____(month/year) and have attended since _____/_____(month/year)
- Regular attendee and active in church since _____/_____(month/year)
- Member of a church other than Immanuel Baptist Church. Specify Church & length of membership below:

References

List a small group leader, deacon, or other church leader of Immanuel Baptist Church who knows you well and could best serve as a reference: _____

A complete application packet includes the following:

- Fully completed application form
- Non-refundable, non-transferable deposit (\$100, *non-flight mission trips*, \$200, *flight mission trips*)
- Answers to the above questions regarding personal background, ministry experience, and this trip
- Medical Release Form
- Two color copies of the endorsement page (the page with your photo, expiration date, and signature) of your passport. (This may be submitted upon receipt of your passport if you are in the process of applying for one.) *This applies to all mission trips out of United States and territories.*
- Copy of your medical insurance card

Please answer the following questions on another sheet of paper.

Personal Background (Repeating team members may skip items marked with an “”).*

- Please share your personal story of salvation in Jesus Christ with 100 words or less. Repeating team members, please share what has happened in your life since your last ibcGO experience.
- *Describe two or three defining moments in your spiritual journey and explain their significance.
- Describe your current devotional practices (Bible study and prayer) to grow in your relationship with Christ
- Explain the gospel and briefly share about when and how you most recently shared with someone.
- *How would you describe the Biblical purpose/goal of global “missions”?
- How are you practically living out the Biblical mandate “to make disciples” both locally & globally in your own day-to-day life?
- Tell us more about your spiritual gifts, abilities, work experiences, and/or foreign language proficiencies that may be relevant to future trips. Please also honestly rate your current language level: basic, conversational, fluent, etc. Repeating team members, please just update us.

Ministry Experience

- List the ministries of Immanuel Baptist Church that you have been involved in, both past and present. Include length of involvement and ministry leader for each ministry.
- List any cross-cultural or short-term global experiences, beginning with the most recent. Please indicate the length of each experience, the country or location, the ministry name and team leader. Also indicate if you have ever been a leader for a short-term mission experience.
- List all other international travel experiences.

This Trip

- Your expectations greatly influence the success of a short-term mission trip. Over the months ahead, the training you will receive will help refine your expectations. Please describe your initial expectations for this ibcGO experience.
- What is your family’s initial attitude toward your interest in this trip?
- Describe how you have come to understand that God is leading you to be a part of this ibcGO trip.

Registration

Registration is only considered complete when BOTH the designated non-refundable, non-transferable deposit and ibcGO Team Member Application are turned in. Submission of application does not automatically signify approval for participation. Many factors must prayerfully be considered in our attempt to provide a fruitful experience for both IBC members, missionary church planting partners, and for those to whom we will be ministering. Some trips simply may not be a match even for super qualified individuals.

Payment Schedule

All payments for ibcGO coordinated or approved trips should be turned in either to the church office or to the designated trip leader and be made out to Immanuel Baptist Church. Further details can be found in the Short-Term Mission Team Financial Policy document included in this packet.

- \$200 non-refundable, non-transferable deposit required for missions with flights. (\$100 w/o flights)
- 50% of the cost of the trip (or cost of plane ticket, whichever is greater) is due 90 days prior to departure. Tickets will not be purchased unless team member has sufficient funds in his/ her account.
- 75% of the cost of the trip is due 60 days prior to departure.
- 100% of the cost of the trip is due no later than 45 days prior to departure.

Note: Should fundraising efforts result in gifts exceeding total trip costs, refunds may not be given to individuals. Such funds will be applied to the designated ibcGO project according to discretion of Pastor Staff Liaison in consultation with Trip Leader.

Disclaimer

Please initial in the spaces provided as an indication of understanding of and agreement to the statements.

_____ Immanuel Baptist Church will not be responsible for incidental or unforeseeable extra trip expenses (i.e., airline or hotel fare changes). Should these occur, they would be passed along to team members.

_____ I will agree to return home at my own expense if the Team Leader determines my behavior is/has been inappropriate in such a way as to jeopardize the impact of short and/or long-term ministry.

_____ I understand that my involvement on this trip can be denied prior to travel in the event that I do not fully participate in the preparation of the trip (i.e., Team Member Training) and as a result could compromise the effectiveness of the trip.

In submitting this application:

- I am expressing my agreement with Immanuel Baptist Church's Vision, Mission, Goal, Values and Strategy; Statement of Beliefs; and Covenant.
- I am willing to serve under the direction of ibcGO Trip Leader, Acts 1:8 Strategy Team, Pastoral Staff, and/or Field Partners to accept and to perform any and all assignments with a God-honoring attitude.
- I am willing to respect and submit to the standards of the national Christians, even if those standards are stricter than my own (behavior, dress, etc.).
- 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 Short-Term Team Member Training arranged by the Acts 1:8 Strategy Team and ibcGO Trip Leader and complete all requirements for the trip.
- I have read and agree to the above deposit and payment information along with the financial guidelines described in Immanuel Baptist Short-Team Mission Team Financial Policy document.

Signature

Date

**Immanuel Baptist Church - ibcGO Missions
Medical Release /Permission to Treat Form**

Team Information

Team Leader: _____

Trip Location: _____ Trip Dates: _____

Personal Information:

Full Name: _____

SSN: _____ - _____ - _____ DOB: ____/____/____ Age: _____ Gender: M F

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Parent/Guardian (if younger than 19 years old):

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.

(1) Name: _____

Relationship to You: _____

Phone: _____ Alternate Phone: _____

(2) Name: _____

Relationship to You: _____

Phone: _____ Alternate Phone: _____

Insurance Information

Please attach a copy of the front and back of your insurance card.

Insurance Company: _____

Policy Holder: _____ Relationship: _____

Policy #: _____ Group #: _____

Insurance Co. Address: _____ Phone: _____

Medical Information

Primary Care Physician: _____

Physician Address: _____ Phone: _____

Do you have any allergies? () Yes () No If yes, please explain:

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

List ALL medication taken on a regular basis:

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

Have you had contact with contagious or infectious diseases within the last for 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 if necessary?

Emergency Authorization

I hereby give permission to medical personnel selected by my team leader or his/her designee (hereafter the Authorized Agent) to order X-rays, routine tests, and treatment for me. In the event of an emergency and neither my primary nor secondary contact can be reached, I hereby give permission to the physician selected by the Authorized Agent to secure proper treatment, hospitalize, order injections and/or anesthesia, and/or authorize 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 IBC, its employees or agents, and in country contacts from liability associated with participation in a mission trip.

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 there are risks involved in participating in a mission trip.

Signature: _____ Date: _____

(Must be signed by a parent or guardian if under 19 years of age)

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

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 executed the same for the purpose and consideration therein expressed. Given under my hand and the seal of the office.

This _____ day of _____, A. D. _____.

Notary Public Signature _____

My commission expires the _____ day of _____, A. D. _____.

Immanuel Baptist Church -ibcGO Missions
Short-Term Mission Team Financial Policy, Revised 12/2015

It is the desire of the Acts 1:8 Strategy Team to be good stewards of the finances with which we have been entrusted. These policies were developed with that desire in mind. ibcGO Team Leaders are responsible for communicating these policies to team members and ensuring that all team members adhere to the payment schedule.

Payment Options:

- All checks should be made payable to **Immanuel Baptist Church**. All checks must include, **“appealed by (team member’s name, trip location and date)”**, in the memo line. Any checks received not including this information will be returned.
- Personal checks from team members or financial supporters may be mailed to Immanuel Baptist Church, Attn: Debbie Greiwe, 720 Browning Acres Road, Corbin, KY, 40701.
- You may deliver your checks in person to the receptionist desk during regular church office hours or to ibcGO Team Leader at Short Term Member Training sessions.
- Alternatively, you may submit payments through the regular Sunday morning offering using envelopes available in Worship Center chairs. However, if you do so, be sure to clearly and boldly indicate on outside of envelope: **Team Member Name, ibcGO Trip Location, & Date.**

Deposits and Registration:

- Again, your registration is not confirmed until we receive your deposit.
- Participation will be denied if you have any outstanding balance from previous ibcGO Mission experiences.
- Deposits are non-refundable and non-transferable.
- Registration for mission trip will be closed by the deadline listed for each specific project.

Payment Schedule:

- 50% of the cost of your trip (or the cost of your plane ticket, whichever is greater) is due **by the first payment deadline**, which is typically 90 days in advance of trip unless otherwise designated.
- 75% of the cost of your total trip is due **by the second payment deadline**, which is typically 60 days in advance of trip.
- The remaining balance is due **by the third payment deadline**, which is typically 45 days in advance of trip.
- **Personal fund raising for trip support should begin immediately after registration.** The following language should be included in support letters. **“Please make checks payable to Immanuel Baptist Church and mail directly to the church. Please be sure to list the following in the memo line on your check: “appealed by (my name, trip location and date.)” Your check will provide IBC with all necessary information for them to send you a receipt for your tax records after the end of the year. All donations should be received by the church before...(insert date of first payment deadline). IBC is registered with the IRS as a 501(c) 3 non-profit organization. Donors will receive receipts for their gifts with the understanding that the disbursement of those gifts lies completely at the discretion of**

IBC and that the gifts are non-refundable and non-transferable, per IRS regulations. Gifts may be tax deductible; please consult a tax advisor.”

- Should the Lord bless your fund raising efforts with gifts exceeding the amount needed for your ibcGO trip, please understand that no refunds may be given to individuals. Such excess funds will be applied to other ministry or financial needs relating to the designated ibcGO project at the discretion of the Pastor Staff Liaison in consultation with the Trip Leader.

Expenses:

- **The church can only pay for trip expenses up to the amount currently in your ibcGO trip account.** Any shortfall will be the immediate responsibility of the team member. Failure to reach critical pay schedule amounts may necessarily result in the withdrawal of the team member from the current project.
- Any changes in projected ibcGO project expenses must be communicated to the Pastor Staff Liaison & Acts 1:8 Strategy Team immediately. The cost of the trip will be adjusted accordingly if necessary.
- Additional expenses incurred while on the trip will not be covered by IBC. Team members may be required to take an additional funds for emergency purposes on some international trips.
- Airline tickets will be purchased by IBC **after the first payment deadline.** Tickets are non-refundable and non-transferable.
- Every effort should be made by team leaders and members to define all expense payment dates no later than **60 days prior to departure.** Check requests generally take 2 weeks to process through the church office.
- All relevant receipts must be turned in to the ibcGo Team Leader no later than **two weeks after** you return from your ibcGO Trip, at which time the ibcGO team leader should submit final financial reports/ receipts to the Pastor Staff Liaison and Financial Secretary.

Changes and Cancellations:

- Changes or cancellations to your registration should be communicated to the Pastor Staff Liaison through the ibcGO Team Leader.
- You are responsible for all expenses that have already been paid on your behalf, such as airline tickets, hotel reservations, mission project land fees, etc. Your account is non-refundable and non-transferable between trips.