



**North American
Mission Board**



**Florida Baptist
Convention**

Right Beside You.



VOLUNTEER MISSION TRIP APPLICATION

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

Acts 1:8

Our Commitment

Pine Terrace has always had a vision for being obedient to the Great Commission task of our Lord. Our church emphasis, "real life together," has come alive through the testimony and faithfulness of our people in sharing God's love with others, baptizing them, and discipling them in God's unfailing Word.

It is with commitment to the task that we dedicate ourselves to sharing with all those who will hear; the truth of God's Word, the fullness of God's love, and the salvation that comes through Jesus Christ, the incarnate Word of whom the scriptures so faithfully testify. Today, Pine Terrace is uniquely positioned to fulfill our mission of making disciples of all nations as described in Acts 1:8. We will apply ourselves to this task by implementing a comprehensive, integrated, and intentional strategy of evangelism, ministry, and missions.

As we read Acts 1:8, we realize that our Lord commands us to be witnesses in Jerusalem, and in all Judea and Samaria, and to the ends of the earth. As followers of Jesus, we are supposed to be witnesses to each and all of these areas at the same time.

The eight "Kingdom-growing" responses of our commitment to Acts 1:8 are to; prepare, learn, pray, give, go, tell, send, and multiply. These elements are expressed by; preaching with an emphasis on spiritual growth and a call to commitment, age-appropriate missions, ministry education, and preparation, cheerful giving, strong missions partnerships, and acknowledgement of the responsibility that we, as willing servants of our Lord, have to reach out and share God's love in our community and around the world.

Our Focus

The body of Christ at Pine Terrace, our "Jerusalem" lies in the individual neighborhoods, schools, offices, work places, family and friendship relationships of our church members. These are the people to whom we are closest and for whom we are most responsible to share God's love.

Our "Judea" is located among the people of Santa Rosa County. In partnership with our sister Santa Rosa area Baptist churches, who are part of the Santa Rosa Baptist Association, and other like-minded, Great Commission evangelical Christian partners, these are the people we reach with God's love as "distant neighbors."

Our "Samaria" consists of those living in North America. In partnership with the Florida Baptist Convention, and the North American Mission Board, we work together in identifying opportunities to share the gospel in places and ways that encourage and strengthen the local existing church.

Our "ends of the earth" are just that, wherever in His creation our Lord bids Pine Terrace come, where He has empowered us by the Holy Spirit, to partner with the International Mission Board, to reach the lost with the Good News of Jesus Christ, and to follow Him — not for our glory but His!

Our Practice

Each outreach project and event that we undertake on our campus will meet the following basic criteria:

- 1) Direct involvement (leadership, organization, and prayer responsibility) by an active church member
or church group
- 2) Internal sponsorship by a ministerial staff member
- 3) Opportunity to share God's love by verbal, visual, and/or servant evangelism in line with the PTBC philosophy of ministry
- 4) Follow PTBC financial, safety, facilities request procedures, and scheduling guidelines
- 5) Properly screened and trained volunteers
- 6) Approved and calendared through the mission advisory team.

PLEASE KEEP THIS PAGE AND

TURN IN THE REMAINDER OF THIS PACKET TO THE CHURCH OFFICE!



missions

Volunteer Mission Trip Application Form

Please complete this form in its entirety and return it to the church office. Please PRINT and sign the form where indicated. Note: it is critical that you print your full legal name as it appears on your passport or driver's license.

Mission Trip Location: _____ Trip Dates: _____

Team Leader: _____

First Name: _____ Middle Name: _____ Last Name: _____

Date of Birth ____/____/____ Sex: Male _____ Female _____

Mailing Address: _____
Street City State Zip

Home Phone: (____) ____-____ Cell Phone: (____) ____-____

Email Address: _____

Marital Status: Single _____ Married _____ (name of spouse) _____

Widowed _____

Have you ever participated in a Pine Terrace mission trip? Yes _____ No _____

If so, please tell where and briefly describe your last mission trip experience:

Domestic Mission Trips:

Please attach a color copy of your driver's license.

Driver's License Number: _____ State: _____

International Mission Trips

You must have a valid passport for international mission trips. Your passport must be valid at least six months after the mission trip ends! Please attach a color copy of your passport face page.

Passport Number: _____

Passport Place of Issue: _____

Month/Day/Year that passport expires: ____/____/____

College Students Only

Name of University: _____
Major Area of Study: _____
Classification (junior, senior, etc.) _____
Extra-curricular Activities: _____

Church You Attend while at College: _____
Church Address: _____
College Pastor Name: _____
Phone Number: (____) _____ - _____

High School Students Only

If you are under 18 years of age, your parent or legal guardian must give you written, notarized permission to participate in a Pine Terrace sponsored mission trip.

Name of High School: _____
Current Grade: _____
Extra-curricular Activities: _____

Are you a Pine Terrace member? Yes _____ No _____

If yes, who is your Connections teacher? _____

If you're not a member of PTBC please give the name and address of your home church:

Name: _____

Street City State Zip
Pastor's Name: _____ Phone Number: (____) _____

I understand that all funds I or others donate to Pine Terrace for this trip are non-refundable and that I will be responsible for the full price of airline tickets purchased in my name, if I or the church cancels for any reason. The training meeting for this project are critical for the spiritual unity and physical preparation of the entire team. I commit to faithfully attend all meetings at the scheduled times.

Participant Printed Name: _____
Participant Signature: _____ Date: _____
Parent/Guardian Signature: _____ Date: _____



missions

Pine Terrace Mission Trip Volunteer Authorization Form for Persons Under 18

This form must be completed and signed by both parents or guardians if the volunteer is under the age of 18.

I (we) authorize:

Full Legal Name of Minor: _____

Date of Birth: ____/____/____ Place of Birth: _____

Passport Number: _____ Place of Issue: _____

To travel on any occasion (country or territory _____,
as well as to the country of residence, unaccompanied or under the
responsibility of:

Accompanying Adult on Trip: _____

Nationality: _____ Marital Status _____ Profession _____

Passport Number: _____ Place of Issue: _____

By signing this document I acknowledge that my child's photograph and/or statements may be used in any fashion, by Pine Terrace Baptist Church, in its sole discretion, including but not limited to, publications, videos, and websites.

Please check here if you **do not** want us to use your child's photograph _____

Both parents must sign even if one of them is going on the trip. Signatures must be notarized.

Print Name: _____ Relationship: _____

Signature: _____ Date: _____

Print Name: _____ Relationship: _____

Signature: _____ Date: _____

State of Florida, Santa Rosa County

I, the undersigned, a Notary Public in and for said county in said state, hereby certify that _____ who is known to me, acknowledged before me on this day that, being informed of the contents of said instrument, he/she executed the same voluntarily.

Notary Public _____

My Commission Expires: _____



missions

Pine Terrace Baptist Church Mission Trip/Project Volunteer Release

WHEREAS, the undersigned will be traveling and participation in various missions projects which are sponsored in whole or in part by Pine Terrace Baptist Church; and

WHEREAS, the undersigned desires to release and hold harmless Pine Terrace Baptist Church, its directors, officers, administrators, employees, members, team leaders or coordinators, and/or team members from any and all liability, claims, demands, or action which may occur as a result of any injury, whether accidental or otherwise, illness or other loss which the undersigned may sustain as a result, directly or indirectly, while participating in any of said mission projects and/or activities, or while traveling to, from, and during said mission project by any mode of transportation;

NOW THEREFORE, in consideration of the participation by the undersigned in said mission projects and benefits flowing from Pine Terrace Baptist Church as sponsor and coordinator, and other good and valuable considerations, the undersigned does hereby release, discharge, and save harmless Pine Terrace Baptist Church, and their directors, officers, members, administrators, employees, team leaders or coordinators, and/or team members from any and all liability, claims, demands, or actions which may occur as a result of any injury, whether accidental or otherwise, illness or other loss which the undersigned may sustain as a result, directly or indirectly, while participation in any of the said mission projects and activities, or participating in any and all types of activities, while in any country, or while traveling to and from said countries, to and from mission project sites, or any other traveling by the undersigned from departure from any airport in the United States until the time of return to any airport in the United States by any mode of transportation.

The undersigned further agrees that he/she will not institute any action or suit at law, or in equity, against Pine Terrace Baptist Church, their directors, officers, administrators, employees, members, team leaders or coordinators, and/or team members at any time, and will not institute, prosecute, or in any way aid in the damages, cost, loss of services, expenses, or compensation for or on account of any developed or undeveloped, resulting from or to result from known, unknown, past, present, or future by the undersigned's participation in mission projects sponsored by Pine Terrace Baptist Church.

The undersigned further acknowledges that he/she fully understands all the hazards, conditions, and environment existing in said countries in which the mission projects will be conducted and of various healthy and safety hazards which exist, and he/she fully understands and assumes all risks involved in participation on said mission projects.

This release shall be binding on all the heirs at law, beneficiaries, or any party in interest of the undersigned and shall insure the benefit of any successor officers, directors, administrators, members, employees, team leaders or coordinators, and/or team members of Pine Terrace Baptist Church.

By signing this document I acknowledge that my photograph and/or statements may be used in any fashion, by Pine Terrace Baptist Church, in its sole discretion, including but not limited to, publications, videos, and websites.

Please check here if you **do not** want us to use your photograph _____

Participant Signature: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

(if applicant is under 18)



missions

Pine Terrace Baptist Church Mission Trip Volunteer Permission To Be Treated

I hereby give my consent and permission to conduct any and all necessary medical examinations and treatment while on the mission trip/project. I further give permission to obtain any and all diagnostic and treatment records necessary for my medical treatment.

I understand that I am signing to indicate that I have read and concur with all portions of this form, including the medical information, release, and permission to be treated sections. I also hereby certify that all the information that I have provided is true and accurate to the best of my knowledge.

Witness my signature this _____ day of _____, 2018.

Participant Printed Name: _____

Participant Signature: _____

Signature of Parent/Guardian: _____ Date: _____

(if applicant is under 18)

For Minors Only

If the volunteer participant named above is under the age of 18, the following form **must be signed by the minor, and both parents or guardians on the lines below.**

Signature of Minor's Parent/Guardian:

Signature of Minor's Parent/Guardian:

State of Florida, Santa Rosa County

I, the undersigned, a Notary Public in and for said county in said state, hereby certify that _____ who is known to me, acknowledged before me on this day that, being informed of the contents of said instrument, he/she executed the same voluntarily.

Notary Public _____

My Commission Expires: _____

Travel Insurance

As part of the expenses of an international mission trip, Pine Terrace will purchase international travel insurance on your behalf. (no travel insurance will be purchased for travel within the USA, except Alaska). Please give the full name of your beneficiary (in the event of your death) of your travel insurance and their relationship to you.

Full Name of Beneficiary: _____ Relationship: _____

Beneficiary's Address: _____

Street _____ City _____ State _____ Zip _____

Beneficiary's Date of Birth: ____/____/____ Phone Number: (____)____-____

Do you have any physical or psychological problems? Yes _____ No _____

If yes, please explain: _____

Health History

Participant Name: _____

Personal Physician: _____ Phone Number: (____)____-____

Your Blood Type: _____ Can You Donate Blood: Yes ____ No ____

Please list any medical issues: _____

Do you have any allergies? If so please list: _____

Previous Operations or Serious Illness (Also list dates): _____

Current Medications: _____

Special Diet Requirements: _____

Have you had?

1) Full Hepatitis B Immunization Series

2) Tetanus booster in last 5 years (Required)

3) Hepatitis A Vaccine

4) Full Polio vaccination series

5) Measels, Mumps, Rubella, & Chicken Pox vaccines

6) Typhoid vaccine

7) Cholera vaccine

Please Circle One

YES or NO

YES or NO date _____

YES or NO

YES or NO

YES or NO

YES or NO

YES or NO

Health Insurance

Name of Insurance Company: _____

Address: _____
Street City State Zip

Insurance Company Phone Number: (____)____-____

Policy Number: _____

This policy is issued in the name of: _____

Ad-
dress: _____
Street City State Zip

If Group Policy, please list employer: _____

Employer Phone Number: (____)____-____

Please attach a copy of your health insurance card (front and back) and verify the information submitted above.

Other pertinent health information: _____

Emergency Contacts

Name: _____ Relationship: _____

Email Address: _____

Phone Number: (____)____-____

Name: _____ Relationship: _____

Email Address: _____

Phone Number: (____)____-____

Name: _____ Relationship: _____

Email Address: _____

Phone Number: (____)____-____



missions

References

Please list three personal references (non-family members), **one of which must be your connections leader.**

Name: _____ Phone Number: (____) ____ - _____

Email Address: _____

Name: _____ Phone Number: (____) ____ - _____

Email Address: _____

Name: _____ Phone Number: (____) ____ - _____

Email Address: _____

I give permission for the above references to be contacted in order for them to give a confidential evaluation of my social skills, spiritual maturity, and emotional stability.

Participant Signature: _____ Date: _____

Circle

Are you willing to participate regularly in training for this mission trip? YES / NO

Are you willing to work as much as needed to raise the money to fully provide for your cost of this mission trip? YES / NO

Are you willing to make changes in personal habits and/or dress to avoid being offensive in another country? This includes not smoking or drinking any alcoholic beverages while on the trip. YES / NO

Are you willing to pray daily that God's will be done and that he be glorified through this mission trip? YES / NO

I promise that all information provided in this application is true and complete and that I will abide by the Pine Terrace guidelines and disciplines that this trip requires.

Participant Printed Name: _____

Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

(if applicant is under 18)

Parent/Guardian Signature: _____ Date: _____

(if applicant is under 18)

Church Participation

Please list all areas of service and ministry in which you have been involved at Pine Terrace, or your church in the last two years: _____

Special Training, Gifts, Talents, Abilities, and Work Experience

Please list any of these that you think might be beneficial to the mission team and to the people to whom you are going to minister: _____

Previous Cross-cultural Ministry Experience

Do you have any previous cross-cultural ministry experience (local, national, or international volunteer mission trips) in the past? Yes___ No___ If yes, please describe:_____

Please use the space below to write about your expectations of this trip and how you hope to share your faith in Christ with others you may meet: _____

Prayer Partner Information

These people will be put on an email distribution list for mission trip reports, and prayer requests while you are on the trip/project.

Name:_____

Email:_____

Name:_____

Email:_____

Name:_____

Email:_____

Name:_____

Email:_____

Name:_____

Email:_____

My Testimony

Name: _____ Date: _____

As part of our mission trip you may have the opportunity to share your testimony with others! Please write a paragraph using answers to the questions below. Write in story form and not just as answers to the questions.

What was my life like before I met Jesus Christ? (What were my needs? What got me interested in God?)

How did I come to know Jesus Christ as my Savior? (Who was I with? When did this happen? What did I say to God?)

What is my life like with Christ now? (What needs does Jesus meet? How is my life different? How is my faith growing?)

This image shows a full page of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page, providing a template for handwriting practice or general writing. There are no margins, text, or other markings on the page.

Final Checklist

Please attach the following to this application:

Copy of your medical insurance card

Color copy of the face page of your passport (international trips)

Copy of your driver's license (domestic trips)

Please Note:

Completing and returning this for the church office **does not** automatically guarantee reservation or acceptance as part of a Pine Terrace mission team. You will be notified by email or telephone by the Minister of Missions as to whether or not your application has been approved. If approved to participate in the trip, you will be asked to provide a non-refundable deposit. Once your deposit is made, your name will be placed on the official team registration list.

Please note that **all funds given by you and/or donated on your behalf for the mission trip are non-refundable.** If the mission trip is delayed, postponed, or cancelled for any reason, or if you are not able to participate for any reason, all funds given fall under the discretion of the missions minister or future use by the church and will not be returned to you or to any donor.

I understand that I am signing to indicate that I have read and concur with all portions of this application for and also hereby certify that all the information that I have provided is true and accurate to the best of my knowledge.

Participant Signature: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

(if applicant is under 18)