

## BVBC Summit Mission Projects 2013 Application

**APPLICATIONS ARE DUE SUNDAY, FEBRUARY 3, 2013**

LATE APPLICATIONS ARE SUBJECT TO APPROVAL.

### Student Information

Name \_\_\_\_\_ Current Grade: \_\_ 7\_\_ 8\_\_ 9\_\_ 10\_\_ 11\_\_ 12

DOB \_\_\_\_\_ Address \_\_\_\_\_

Phone: \_\_\_\_ / \_\_\_\_ Student E-mail \_\_\_\_\_ (print legibly)

Student Cell Phone : \_\_\_\_ / \_\_\_\_ T-shirt size: \_\_\_\_\_

### Parent/Guardian Information

Name(s) \_\_\_\_\_ E-Mail \_\_\_\_\_

If you would like to receive text messages with updates/reminders before and during the trip, please provide your cell phone number: \_\_\_\_ / \_\_\_\_ 2nd Cell# \_\_\_\_ / \_\_\_\_

Choose the mission trip you would like to attend – rank in order of preference (1, 2, 3).

Jr. High students may only apply for the Maine trip. Team size is limited. If there are more applicants than room, preference will be given by grade and/or other circumstances that make participation in another trip impossible.

#### Maine Team \_\_\_\_\_

June 21-June 30

**Trip Cost:** \$595

**Deposit:** \$50

Grades 7 – 12

Team Size: 25 Students

#### Washington DC Team \_\_\_\_\_

June 21- June 30

**Trip Cost:** \$795

**Deposit:** \$50

Grades 9 – 12

Team Size: 20 Students

#### Nicaragua Team \_\_\_\_\_

June 13- June 22

**Trip Cost:** \$1,545

**Deposit:** \$100

Grades 10 – 12

Team Size: 20 Students

Have you been on a mission trip with us before? \_\_\_No \_\_\_Yes (what yr. was your 1<sup>st</sup> mission trip? \_\_\_\_\_)

If not, please describe on a separate sheet of paper how and when you became a Christian.

Below you will find 4 characteristics that are necessary for you to function as part of a ministry team. Describe how you see yourself in each of these areas.

- In what ways are you showing yourself FAITHFUL to Jesus in your life right now?
- In what ways have you made yourself AVAILABLE to Jesus this year?

- How TEACHABLE are you? Give an example.

- Describe how you are RESPONSIVE to authority.  
at church:

at home:

### Regarding your spiritual walk...

- Describe your relationship with Jesus as it is TODAY. How is Jesus involved in your life right now?

Are you willing to serve 20 hours in some ministry at home prior to the trip? \_\_\_ yes \_\_\_ no

Are you willing to be held accountable in your spiritual life and team training by an adult leader? \_\_\_yes \_\_\_no

Were you born in the United States? \_\_\_ yes \_\_\_ no

If no, where were you born? \_\_\_\_\_ Where is your citizenship? \_\_\_\_\_

My draft Support Letter is included with a stamped, return envelope. \_\_\_ yes

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I agree with my son's/daughter's statements above, support his/her decision to be part of this team and will encourage him/her to fulfill the required responsibilities to the team and his/her supporters. I understand that there are mandatory team meetings that my son/daughter must attend and that individual teams will establish additional meeting requirements.

I understand that if my son/daughter is sent home due to disciplinary reasons I will be responsible for all of his/her transportation expenses and for those of an adult leader.

Parent/Guardian Signature: \_\_\_\_\_

# Student Commitment

I, \_\_\_\_\_, commit to:  
(your name here)

- Praying for this trip
- Reading the 'Being Prepared Spiritually' information
- Being faithful in responding to, and communicating with, my supporters
- Following through on my Home Ministry Commitments
- Being responsible for attending team meetings and coming prepared

I understand all of the requirements and dates, and if I don't live up to these commitments, I may be asked not to attend.

Signed \_\_\_\_\_ Date \_\_\_\_\_

## Prayer Partners

I will commit myself to praying for \_\_\_\_\_  
(your name here)

- at least weekly before this project,
- daily during this project,
- and at least weekly for one month after this project

1. Name \_\_\_\_\_ Phone: \_\_\_\_\_/\_\_\_\_\_

E-Mail \_\_\_\_\_

2. Name \_\_\_\_\_ Phone: \_\_\_\_\_/\_\_\_\_\_

E-Mail \_\_\_\_\_

3. Name \_\_\_\_\_ Phone: \_\_\_\_\_/\_\_\_\_\_

E-Mail \_\_\_\_\_

4. Name \_\_\_\_\_ Phone: \_\_\_\_\_/\_\_\_\_\_

E-Mail \_\_\_\_\_

5. Name \_\_\_\_\_ Phone: \_\_\_\_\_/\_\_\_\_\_

E-Mail \_\_\_\_\_

## VBS Preferences (Maine Team only)

Rank 1-6 in order of preference, with 1 being your first choice:

\_\_\_ Teaching Team (PreK-6<sup>th</sup>)

\_\_\_ 7<sup>th</sup>-12<sup>th</sup> Team

\_\_\_ Craft Team

\_\_\_ Games Team

\_\_\_ Guide Team

\_\_\_ Worship Team

\*Final team placement will be determined by the team leadership.





Brandywine Valley Baptist Church  
SUMMIT Mission Projects, Summer 2013

I give my permission for \_\_\_\_\_, grade \_\_\_\_\_, to participate in  
Brandywine Valley Baptist Church's Student Ministries mission trip to \_\_\_\_\_.

Departure Date: \_\_\_\_\_ Return Date: \_\_\_\_\_

Although the church desires to provide a safe and enjoyable time for all students, accidents can still happen. I understand that there are risks/dangers involved with participation in off-site trips and their associated activities. In consideration of my child being allowed to participate in this event, I assume responsibility for those ordinary and reasonable risks associated with the travel and activities. I agree to hold harmless Brandywine Valley Baptist Church, its affiliated organizations, employees, agents, and representatives, including volunteer and other drivers from any and all claims arising from my child's participation. This release agreement does not apply to claims of intentional (criminal) misconduct or gross negligence by the church, its employees, or volunteers. If such circumstances are proved in a court of law, I acknowledge and agree that the church can assume no financial liability beyond its actual liability insurance policy in force.

In case of accident, illness, or other emergency, I request that the church contact me. If the church cannot reach a parent/guardian after reasonable effort, I give permission for church staff or Student Ministry volunteers to call paramedics or any licensed physician or dentist. If a life-threatening emergency exists, I give permission for church staff or Student Ministry volunteers to immediately call paramedics and then contact me as soon as possible thereafter.

I authorize and consent to any X-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment, and hospital care which, in the best judgment of a licensed physician or dentist, is deemed advisable. I agree to assume the financial responsibility for expenses incurred as a result of those services being provided. I also agree to be financially responsible for emergency medical transportation.

\_\_\_\_\_  
Parent/Guardian's Signature & Date

\_\_\_\_\_  
Relationship to Student

\_\_\_\_\_  
Parent/Guardian's Name Printed

\_\_\_\_\_  
Parent/Guardian's Phone Number



Mission Trip Release/Emergency Medical Form  
Brandywine Valley Baptist Church  
SUMMIT Mission Projects, Summer 2013

Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City, ST, ZIP: \_\_\_\_\_

Allergies (including food, plant, animal, reactions to medication, etc.): \_\_\_\_\_

\_\_\_\_\_

May Tylenol (acetaminophen) be given? \_\_\_\_\_ Advil (Ibuprofen)? \_\_\_\_\_ Aspirin? \_\_\_\_\_

Medications currently being taken: \_\_\_\_\_

\_\_\_\_\_

Any other medical conditions or information not listed above we should be aware of: \_\_\_\_\_

\_\_\_\_\_

Local physician's name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Physician's office address: \_\_\_\_\_

City, ST, ZIP: \_\_\_\_\_

Local dentist's name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Dentist's office address: \_\_\_\_\_

City, ST, ZIP: \_\_\_\_\_

Insurance company: \_\_\_\_\_ Group #: \_\_\_\_\_ Policy #: \_\_\_\_\_

Under the name of: \_\_\_\_\_ Relationship: \_\_\_\_\_

Preferred hospital: \_\_\_\_\_ Date of last tetanus shot: \_\_\_\_\_

Where parents can be reached if not at home:

Father Work: \_\_\_\_\_ Mother Work: \_\_\_\_\_

Father Cell: \_\_\_\_\_ Mother Cell: \_\_\_\_\_

Nearest Relative or Neighbor to contact if parents unreachable: \_\_\_\_\_



## HOME MINISTRY COMMITMENT

(This form is due at the Packing List Meeting on May 30.)

Name \_\_\_\_\_

Date	Ministry Performed	Time	Signature
Example 4/1	Served a meal at Sojourner's Place	2 hours	Supervisor
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

### REQUIREMENTS:

- Every ministry team member must agree to complete 20 hours of home ministry prior to the trip.
- Home ministry is anything that reaches out to the needs of others for the sake of Jesus, such as working with BVBC's Children's Ministry, providing a service to someone in need, or volunteering at a service organization.
- Services which do not meet the requirement are things you would do as a normal part of your family life, things that are not focused on the needs of people, or anything for which you get paid.
- Home Ministry Commitment work must be completed before the mission trip.