

Team Covenant and Policies for Short Term Missions

Read, sign, and return to your Team Leader - Due by First Team Meeting

Our Team Vision

We desire to share the gospel of Christ and show the love of Christ to every man, woman, boy and girl that we encounter.

Our Team Objectives

This vision will be accomplished as each team member embraces the following commitments to each other:

1. **Teamwork** – We must value the team more than ourselves. We must adhere to what Paul told the church at Philippi; “do not *merely* look out for your own personal interests, but also for the interests of others” (Philippians 2:4). Selfishness will hinder our team’s effectiveness.
2. **Forgiveness** – We must practice forgiving each other instead of holding grudges. Considering we will spend significant time together, relational conflict is bound to occur. We must commit to practicing Paul’s words to the church at Ephesus; “Be kind to one another, tender-hearted, forgiving each other, just as God in Christ also has forgiven you” (Ephesians 4:32).
3. **Spiritual Growth** – We must view the mission trip and the preparation process as an opportunity for spiritual growth. None of us have arrived at spiritual perfection; “Not that I have already obtained *it* or have already become perfect, but I press on so that I may lay hold of that for which also I was laid hold of by Christ Jesus” (Philippians 3:12).
4. **Punctuality** – We must attend every team mission meeting and be present at designated times during the mission trip as scheduled by the Team Leader. The team meetings in preparation for the trip are essential for team building and discipleship. Spiritual preparation is the most important aspect of training for mission trips. Likewise, during the mission trip, it is critical that we be on time each morning in order to properly prepare for the day’s ministry.

Field Behavior

1. Volunteers are reminded that they are ambassadors of the Lord Jesus Christ. As volunteers, they not only represent Him, but also the United States, Plant City’s First Baptist Church, and our host mission agency or missionary. This responsibility is a tremendous one, consequently, it is our responsibility to prayerfully select the volunteers that we believe are best suited for the respective mission team and tasks.
2. Volunteers must submit to the Team Leader’s authority at all times and in all situations.

3. Due to political instability and anti-American sentiment in various countries around the world, Plant City's First Baptist Church asks that the volunteers refrain from expressing their political opinions while on the field.
4. If at any time while on the field a volunteer's behavior constitutes a problem, the Team Leader has the authority to ask the volunteer to return home. Any additional costs incurred as a result of this action will be at the volunteer's expense.

Finances

1. Applicants are expected to raise 100% of their financial needs; however, we have a limited amount of scholarships available for those who qualify. To be eligible for scholarship, one has to be a Plant City's First Baptist Church member and be active in a Sunday School class with attendance averaging 50% or higher for the previous 6 months. Consideration will be given if the applicant is an active Sunday morning volunteer in another ministry area and serves at the time he or she would normally attend Sunday School.
2. Applicants will be required to complete their funding per the published payment schedule.
3. If an applicant's financial support is channeled through Plant City's First Baptist Church and he/she raises more than required, or if for any reason he/she cannot participate on the short-term mission, it is the preference of the Missions Ministry to reallocate the funds to the team's general fund or the Acts 1:8 Missions Offering. It is the volunteer's responsibility to inform supporters of their inability to participate in the mission.
4. Volunteers are responsible for any costs associated with changes made in travel arrangements that differ from the team travel as planned and approved by the Missions Department.

“I have read and will abide by this covenant to the best of my God-given ability.”

Signature: _____ **Date:** _____

Name: (PLEASE PRINT): _____

Release of Liability and Medical Release Form

NOTE: All Short Term Mission participants and leadership must complete this form and have it notarized to be eligible to participate on a FBC Plant City mission journey team. Once completed and received by the mission department staff, the Release of Liability and Medical Release Form will be effective for all mission journey participation during the current calendar year.

Trip Information

Trip Leader: _____ Destination: _____ Dates: _____

Release of All Claims: I, the undersigned, do for myself (and for and on behalf of my child under 18 years of age) hereby release, indemnify and forever hold harmless the officers, directors, employees, and agents of Plant City's First Baptist Church from any and all claims, demands and causes of action for personal injury, sickness and death, as well as property damage and expenses of any nature incurred by myself (or my child under 18 years of age) including, without limitation, all personal injury, sickness, death, property damage and expenses arising out of the negligence of participant. I fully understand and agree that this project requires that participants be willing to actively share the gospel of Jesus Christ by reasonable means and I agree that I am able to meet the physical requirements this will entail.

Photographic and Reprographic Release: By signing this document the participant hereby give Plant City's First Baptist Church, its licensees, successors, legal representatives and assigns, the absolute and irrevocable right and permission to use the participant's name and to use, reproduce, edit, exhibit, project, display, copyright, publish photographic images and/or moving pictures and/or videotaped images of the participant with or without the participant's voice, or in which the participant may be included in whole or in part, photographed, taped, videotaped, and/or recorded during the duration of the project, and therefore to circulate the same in all forms and media for art, advertising, trade, competition, of every description and/or any lawful purpose whatsoever. The participant also consents to the use of any printed matter in conjunction therewith. The participant also waives any right to inspect and/or approve the finished product or products or the editorial, promotional or printed copy or soundtrack that may be used in connection therewith and any right that I may occur or to be produced in the making, processing, duplication, projecting or displaying of said images, and from liability for violation of any personal proprietary right that I may have in connection with said images and with the use thereof.

Personal Information

Full Name: _____ Gender: _____

SSN: _____ DOB: _____ Age: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

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

Emergency Contact Information

*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 1: _____ Relationship to you: _____

Phone: _____

Name 2: _____ Relationship to you: _____

Phone: _____

Insurance Information

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

Insurance Company: _____

Policy Holder: _____ Relationship: _____

Policy #: _____ Group #: _____

Ins. Co. Address: _____ Phone: _____

Medical Information

Do you have allergies? ___ no ___ yes: _____

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 four weeks?

___ no ___ yes: _____

Do you have any special dietary restrictions? ___ no ___ yes: _____

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, routines 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 FBC Plant City, its employees or agents, and in country contacts from liability associated with participation in a mission trip. **I understand** that there are risks involved in participating in a mission trip. If I do not have medical insurance, I will be responsible for any medical expenses in the event of sickness or injury.

Sign in presence of a notary: (minors require a parent/custodial signatures)

Each person signing below acknowledges having read this release and understanding all of its terms and their significance, and states that this release is signed and delivered voluntarily.

Participant Name (Print): _____

Participant's Signature: _____ Date: _____

Parent/Custodial Signature: _____ Date: _____

Phone: _____

Notary Acknowledgement: State of Florida County of Hillsborough before me, _____, a Notary Public, 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: _____

Official Seal:

