

Ivy Creek Missions

Ivy Creek Baptist Church

770.932.8453 • 678.482.6315 (fax)

STEPS FOR SIGNING UP for a Mission Trip

1. Pray for the Lord's clear direction for this trip.
2. Complete the Form.
3. Complete the Medical Consent Form.
4. Complete Involvement Policy.
5. Submit the application packet to Church Office, or Stephen Mainer, Missions Coordinator

Contact Us:

Email: missions@icbcga.org
2500 Ivy Creek Road
Buford, Ga. 30519
770-932-8453

Application for Missions

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PERSONAL INFORMATION

Ivy Creek Mission Trip Destination: _____ Today's Date: _____

Participant Full Name as it appears on Passport or Government issued ID: _____

Preferred Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Best contact phone number: _____

Email Address: _____

Birth date: _____

Do you have a US Passport? Yes ____ No ____

Passport Number: _____ Exp Date: _____

In case of an emergency, please notify: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number --- Home: _____ Work: _____

Cell: _____

Are you presently under the care of a physician or taking any medications? Yes No If yes, please explain. _____

GIFTS, TALENTS, EXPERIENCE

Do you speak a second language, if so, what language? _____

** We have translators for all international mission trips so whether you only speak English or very little of a second language, this will not be a barrier for you to join a team!

Please indicate any skills, talents, spiritual gifts or Christian ministry experience that you feel may be helpful on this trip. _____

Please list previous missions experience:

	Country	Church/Mission Organization	Dates of Project	Ministry
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____

SPIRITUAL LIFE

When did you put your faith in Jesus Christ as your personal Savior? _____

Have you been obedient to the Lord through believer's baptism? Yes No

Are you a member of Ivy Creek Baptist Church? Yes No

Describe your current ministry involvement:

MOTIVATION

Please explain briefly what you hope to see the Lord do in and through you on this mission trip and explain why you want to participate. _____

TESTIMONY

Please attach a separate sheet with your personal testimony.

Signature: _____ Date: _____

OFFICE USE ONLY:

Date Received: _____

Deposit Check Attached: Yes No

Involvement Policy
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BASIC REQUIREMENTS

- There will be team meetings to help prepare you and other team members for the mission trip.
- We encourage you to fill out and send out the participation/partnership letter inviting your friends and family to partner with you through prayer and financial support.
- Deadlines and Deposits must be completed and submitted on time.
- Fundraising Opportunities: At least one fundraiser will be held by the Missions Committee to help you raise funds. To be eligible, you need to help with the event. The proceeds will be split among team members.

FINANCIAL MATTERS

- You are responsible for being aware of due dates for payments. These due dates align with times monies need to be sent ahead and obtained before the trip.
- Ivy Creek will not house mission participant extra funding, excess will be used for the group trip cost or for future Ivy Creek Missions Opportunities or projects.

_____ **Initial to indicate you have read the Short Term Missions Involvement Policy.**

Medical Information and Consent

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Participant Name: _____ Date of Birth: _____

In case of an emergency, please notify: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Best contact phone number: _____

Email Address: _____

Health Insurance Company: _____

Insurance Beneficiary: _____

Group Number: _____

Policy Number: _____

Please make a copy of the medical card and attach it to the application.

Physician(s) name(s) and phone number(s) to contact in case of emergency:

1. Are you currently under the care of a physician or taking any medications? Please give diagnosis and list medications:

2. Please list any allergies, especially to any medications, but include any food allergies. Briefly describe reaction: _____

3. Have you been hospitalized in the last 5 years? Please give dates, diagnosis, and outcome of each illness or injury: _____

4. Is there any other information you feel we need to know about your health? _____

5. Date of last Tetanus shot: _____
6. List other immunizations regarding international travel & dates received: _____

I hereby authorize and give full consent to the Trip Leader to act on my behalf in the case of illness or accident incurred to me and to enable prompt appropriate medical care. I further certify that I have appropriate medical insurance and agree to pay all medical expenses in excess of the amount provided by any applicable insurance policy.

Signature: _____

Date: _____