

Jesus said in Acts 1:8 (ESV) “you will receive power when the Holy Spirit has come upon you, and you will be my witnesses in Jerusalem and in all Judea and Samaria, and to the end of the earth.” We believe that this command is for all of the church family and is not exclusive to pastors, missionaries, staff, or professionals. Every member of God’s church is a both minister and a missionary. It has been said that we are either missionaries or a mission field.

Thank you for taking the first step of filling out an application to be a part of a Short-Term Project. We are excited to have you join us in the mission. As you are prayerfully filling out the questions, please do not hesitate to contact the Project Team Leader if you have questions regarding your application. Once your application is submitted and reviewed, your Project Leader or a member from the Missions Team will contact you with further details.

NOTE: Every applicant who is applying to go to a project must fill out a application and complete all sections of the application individually. This includes spouses and children 12 and older.

Part One: Project Information		
Date of Application:	Project Location:	Project Dates:
Part Two: Personal Information		
Full Name (as it appears on Passport):		Passport Number:
Street Address:		
City	State:	Zip Code:
Email:		Cell Phone (with Area Code):
Date of Birth:	Gender: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	Marital Staus:
Spouse Name (If married):	Children’s Names (if applicable):	
Name of Insurance Beneficiary(s), (if applicable):		Occupation:
Personal Reference (Please inform this person the Missions Team may contact them on your behalf):		
Name:		Email:

Part Three: Personal History

We aim to be Spirit-led, strategic, and good stewards. God has equipped each of us with skill sets, life experiences, hobbies and interests that could be useful and beneficial on mission projects. Please take a moment to list your skills, interests, hobbies, or professional experience.

Relationship to Parkway Baptist Church:

MEMBER NON-MEMBER

If member, for how long?

If Non-Member, what is your affiliation with Parkway?

What is your home church?

Are you in a Parkway small group?

YES NO

Name of Group Leader:

Please answer the following questions in the space provided.

Write out the gospel in your own words:

Write out your salvation story, including when your were baptized:

Please answer the following questions in the space provided.

How are you currently growing in your relationship with Christ?

Please list all ministry involvement, past and present.

List any cross-cultural, short-term, long-term, or other mission experience you've had:

How are you currently sharing your faith? Please give a recent example.

The information disclosed below will be read and held with confidentiality by members of the Parkway Missions staff and your Mission Project Leader. Answering Yes or No to the following questions does not necessarily disqualify you from joining a short term project team. However, in order to uphold the integrity of the individual, other team members, and for the sake of the Church and the Gospel, we ask that you carefully consider the following questions:
(For questions needing clarification, please explain in the space provided or on the next page.)

1. Do you believe that the Holy Bible is the inerrant and infallible Word of God? *(If no, please clarify)*

YES NO

2. Do you believe that Jesus is the One and *only* way to Heaven? *(If no, please clarify)*

YES NO

3. Do you believe that God created the world? *(If no, please clarify)*

YES NO

4. Excluding any minor traffic violations, have you ever been convicted of any violation of a law or ordinance? *(If yes, please clarify)*

YES NO

5. Have you ever been arrested or criminally convicted for either physical or sexual abuse of a child? *(If yes, please clarify)*

YES NO

6. Do you have any medical issues, allergies, or physical impairment that the Parkway Missions Team should be aware of? *(If yes, please clarify)*

YES NO

7. Is there anything about your lifestyle that would potentially bring reproach on yourself, your family, Parkway Baptist Church, or the Name of Christ? *(If yes, please clarify)*

YES NO

Additional space for Applicant Clarification:

FINANCIAL SUPPORT AGREEMENT

I understand that going on any missions project costs money (for flights, housing, food, etc) and I am committed to raising the necessary funds for not only myself, but for the team I am part of. Even if I give/raise the money needed for my project costs, I will continue to raise support in order to help with the costs of the overall project. I will stay in contact with my project leader in regards to my progress, and will endeavor to raise beyond my full support at least six-weeks before leaving for the short-term project.

Signature of Applicant

Date

Signature of Parent (If Applicant under 18 years of age)

Date

PERSONAL RESPONSIBILITIES AGREEMENT

In submitting this application:

- I am expressing my agreement with Parkway Baptist Church’s Vision, Mission, Goal, Values, Strategy, and Statement of Beliefs.
- I am willing to work under the direction of the Project Leader, the Missions Staff, and Field Partners to accept and to perform any and all assignments with a God-honoring attitude.
- I am willing to conform to the standards of the national Christians, even if those standards are stricter than my own.
- I agree to complete a background check.
- I am confirming that I have the time and energy to devote to the pre-, mid-, and post-project responsibilities.
- I agree to participate in the training arranged by the Missions Staff and complete all requirements for the trip.
- I agree to return home at my own expense if the Field Partner, in conjunction with my Project Leader and the Parkway Missions Staff, determines my behavior is/has inappropriate and therefore jeopardizing the long-term ministry.
- I acknowledge that Parkway Baptist Church will not be responsible for extra trip expenses related to an early return (i.e. airline, hotel, etc). Should these occur, they will be passed along to the traveler.
- I understand that my involvement on this trip can be denied prior to travel if I do not participate in the full preparation of the project.

Signature of Applicant

Date

Signature of Parent (If Applicant under 18 years of age)

Date

Please retain a copy of this page for your records.

Part Five: Release Forms

All sections of this form must be completed in order to be eligible to participate in this project.

Medical Release

Full Name:		SSN:
Street Address:		
City:	State:	Zip Code:
Date of Birth:	Age:	Gender: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
Cell Phone (with Area Code):	Home Phone:	Work Phone:
Email:		
Parent/Guardian Name (if 18 or younger):		School Grade Completed:

EMERGENCY CONTACT INFORMATION

(Please provide Information for individuals who will NOT be traveling on the same project.)

Contact Name:		Relationship to you:
Cell Number (with Area Code):	Alternative Phone Number:	
Contact Name:		Relationship to you:
Cell Number (with Area Code):	Alternative Phone Number:	

INSURANCE INFORMATION

(Please provide a copy of the front and back of your insurance card.)

I do NOT carry primary medical insurance.
(Skip to physician information)

Name of Insurance Company:		
Name of Policy Holder:		Relationship to Policy Holder:
Policy Number:	Group Number:	Company Phone Number:

PHYSICIAN INFORMATION

Name of Physician:		Phone Number:
Address:		
City:	State:	Zip:
Date of last Tetanus Immunization <i>(Must be within the past 10 years):</i>		

MEDICAL HISTORY (Con't)

Generally, my health is: Excellent Good Fair Poor

If Fair or Poor, please explain:

Please list any medical difficulties for which you are currently being treated:

Please list all medications you are currently taking:

Please list all operations/serious injuries you may have had in the last 5 years:

Do you have allergies? No Yes

Please list any medicines, foods, or substances to which you are allergic:

Do you have any special dietary restrictions? No Yes

If yes, please explain:

Have you had any exposure to contagious or infection diseases within the last four weeks?

No Yes

If yes, please explain:

Part Six: Notarized Forms

**NOTE: THE FORMS ON THE FOLLOWING TWO PAGES (Pages 8-9)
MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC.**

PLEASE PRINT THE PAGES.

DO NOT SIGN UNTIL INSTRUCTED BY THE NOTARY.

IF YOU NEED NOTARY ASSISTANCE, PLEASE CALL THE CHURCH OFFICE.

NOTARY SERVICES PROVIDED BY THE OFFICE ARE LIMITED TO MISSION PROJECT RELATED FORMS ONLY.

Emergency Medical Authorizations and Photo Releases:

Name of Applicant:	Project Location:	Project Dates:
---------------------------	--------------------------	-----------------------

- I, the undersigned, do for myself (or on behalf of my child, who is under 18 years of age) give permission for an attending physician or hospital to administer medical care if deemed necessary by the Parkway Baptist Church Project/Group leaders and the physician or hospital staff during the Parkway Baptist Church Mission project.
- I, the undersigned, do for myself (or on behalf of my child, who is under 18 years of age) hereby release from all claims and forever hold harmless the leaders, staff, employees, or volunteers of Parkway Baptist Church from any and all claims and demands for personal injury, sickness, as well as property damage and expenses of any nature incurred by myself (or my child under 18 years of age).
- I also assume personal responsibility for all medical bills for myself (or my child under 18 years of age) and do certify that I have secured primary medical insurance for myself (or my child under 18 years of age). I understand that supplemental medical insurance is provided for each participant through an appropriate travel insurance company. If I do not have primary insurance, I have indicated so on page 6.
- Further, should it be necessary for me (or my child under 18 years of age) to return home due to disciplinary actions, for medical reasons, or otherwise, I hereby assume responsibility for all transportation costs.
- I do hereby consent and authorize Parkway Baptist Church or any of its representatives to use and/or reproduce photographs, film, video, or other electronic imaging of me (or my child under 18 years of age) and information and relating to my circumstances for present and future fundraising purposes.
- I further agree to allow Parkway Baptist Church to use my name (or my child under 18 years of age) or any other information provided by me during interviews and conversations, unless otherwise stipulated, for present and future fundraising purposes.
- I waive any right that I may have to approve the photographs, film, video, or other electronic imaging or background copy which may be used, or to approve the use to which it is applied.
- I, the undersigned, do release my child, who is under 18 years of age, to travel with the designated Mission Project Leaders to the designated location. I guarantee that my child is able to provide funds for the travel expenses and return to the U.S..

PARTICIPANT SIGNATURE: _____	DATE: _____
------------------------------	-------------

SIGNATURE OF PARENT/GUARDIAN (If applicant 18 or under): _____	DATE: _____
--	-------------

SIGNATURE OF PARENT/GUARDIAN (If applicant 18 or under): _____	DATE: _____
--	-------------

NOTARY PUBLIC

State of _____, County of _____

The forgoing instrument was acknowledged before me this _____ day of _____, 20____, by _____ and _____.

Notary Signature _____

My commission expires _____.

Consent for Minor to Travel:

Name of Applicant: _____

Travel Destination: _____

Travel Dates: _____

This is our express consent for our child, _____ (name), who is under 18 years of age, to go on this trip to _____ (location) and to travel with _____, leader of this trip.

PASSPORT DETAILS FOR TRAVELING MINOR

Full Name: _____

Date of Birth: _____

Country of Citizenship: _____

Passport Number: _____

Date of Issue: _____

Date of Expiration: _____

PROSPECTIVE TRAVEL DATES

Date of Departure from USA: _____

Date of Return to USA: _____

PARTICIPANT SIGNATURE: _____

DATE: _____

SIGNATURE OF PARENT/GUARDIAN (If applicant 18 or under): _____

DATE: _____

SIGNATURE OF PARENT/GUARDIAN (If applicant 18 or under): _____

DATE: _____

NOTARY PUBLIC

State of _____, County of _____

The forgoing instrument was acknowledged before me this _____ day of _____, 20____, by _____ and _____.

Notary Signature _____

My commission expires _____.

Application Checklist & Contact Information

Project Location:

Project Dates:

Please Submit the following materials to the Parkway Baptist Church Missions staff or your project leader. Project-related forms and materials can be mailed or submitted in the Missions Box (in the lobby) during church activities, in the church office Monday–Thursday 9:00am-4:00pm, or in the secure box located on the outside of the building (in the breezeway near the preschool entrance).

Your application will not be considered complete until all of the following materials are turned in.

- Completed Application, pages 1-7 (please retain a signed copy/scan of the signed Short-Term Mission Project Agreements form, Page 5)
- Notarized Medical Release form (pg 8), and/or Consent for Minor to Travel (pg 9), if applicable
- \$200 Non-refundable deposit
- 2 color copies of applicant passport
- A copy of applicant insurance card/proof of insurance
- 2 passport-size photos (any Walgreens or other store with photo development may be able to take these for you at a small price). Please retain a copy or scan for future projects.

Please continue to be in prayer for your project.

PROJECT LEADER NAME: _____

EMAIL: _____

CELL: _____

MISSIONS STAFF:

Joe Tanner, Pastor of Missions, Mobilization, and Small Groups- jtanner@parkwayfamily.org

Karen Collie, Admin Assistant- kcollie@parkwayfamily.org

Office Phone: 804-639-2263

Office Address: 8508 Beaver Bridge Rd, Moseley, VA 23120