

# FMCOG MISSION TRIP APPLICATION INSTRUCTIONS



1. **Read all of the enclosed materials.** \_\_\_\_\_
2. **Complete, sign, and submit the application.** \_\_\_\_\_
3. **Enclose the \$100 non-refundable application fee.** \_\_\_\_\_
4. **Attach a recent photograph.** \_\_\_\_\_
5. **Complete and submit the Medical History Form.** \_\_\_\_\_
6. **Complete, notarize, and submit the Liability Release form.** \_\_\_\_\_
7. **Complete, notarize, and submit the Medical Release form.** \_\_\_\_\_
8. **Pastor recommendation sent.** \_\_\_\_\_
9. **Copy of passport given to leader.** \_\_\_\_\_

# Fort Mill Church of God MISSION TRIP

## Adult Application Form

(Type or print in ink)

Attach  
Recent  
Photo

T-Shirt Size: \_\_\_\_\_

Date of Trip: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name \_\_\_\_\_

(AS ON PASSPORT)

Address \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Mailing Address \_\_\_\_\_

Occupation \_\_\_\_\_ T-shirt Size \_\_\_\_\_

Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_  Male  Female Birthplace \_\_\_\_\_  
Mo. Day Yr City State Country

Citizenship \_\_\_\_\_ Passport No. \_\_\_\_\_ Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Marital Status (circle one) Single Married Divorced Widowed Age \_\_\_\_\_

### **EDUCATIONAL INFORMATION**

Full- or Part-Time Student?  Full-Time  Part-Time  Not Applicable

Educational Institution \_\_\_\_\_

Program of Study Major/concentration: \_\_\_\_\_

What was your last year/level of study? \_\_\_\_\_

What degree(s)/certificate(s) do you hold (include year of completion)? \_\_\_\_\_

What is your anticipated graduation date and degree? \_\_\_\_\_

Foreign language study and experience: \_\_\_\_\_

Cross-cultural study/experience: \_\_\_\_\_

List any extracurricular activities you participate in: \_\_\_\_\_

**FAMILY INFORMATION**

*(For those 18 years and younger)*

**Father/Guardian** \_\_\_\_\_

Occupation \_\_\_\_\_ Church \_\_\_\_\_

**Mother/Guardian #2** \_\_\_\_\_

Occupation \_\_\_\_\_ Church \_\_\_\_\_

Address if different from applicant: \_\_\_\_\_

**RELIGIOUS INFORMATION**

Have you accepted Jesus Christ as Savior of your life?  Yes  No If so, at what age \_\_\_\_\_

Have you been baptized in water? (Matthew 3)  Yes  No

Have you experienced the baptism of the Holy Spirit? (Acts 2)  Yes  No

Are you a member of Fort Mill Church of God?  Yes  No

If not, please indicate name of church, name of pastor, and church location.

Church name \_\_\_\_\_

Lead pastor \_\_\_\_\_

Church location \_\_\_\_\_

List the areas of Christian service where you have or are presently serving: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## **MISSIONS EXPERIENCE**

Have you ever participated in any other short term missions trips?     Yes                       No

Please give details/dates: \_\_\_\_\_

\_\_\_\_\_

List experience in personal or group witnessing: \_\_\_\_\_

\_\_\_\_\_

Have you participated in long-term missions programs (>1 month)?     Yes                       No

Name program and sponsoring religious organization, if any \_\_\_\_\_

What year(s)? \_\_\_\_\_ Where did you travel? \_\_\_\_\_

Have you ever been convicted of or pleaded guilty to any crime and/or felony (other than a traffic violation)?  Yes     No

Have you ever been convicted of or pleaded guilty to any charge of sexual misconduct?     Yes     No

*If yes, please explain:*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **APPLICATION FEE**

Attach a \$100 non-refundable and non-applicable deposit in the form of a check or money order made out to Fort Mill Church of God, and submit with application materials. This deposit will be applied to the cost of your trip and will be reduced from your balance owed.

I hereby apply for acceptance as a missions trip team member. I have read and understand the application materials regarding the application process and participation in the missions trip. If accepted, I will work in harmony with the mission of the Church of God leadership. As a team member, I will seek to spread the Good News of Jesus Christ to the world. I agree to a background check.

I hereby affirm that the above information is true and correct to the best of my knowledge.

\_\_\_\_\_

Applicant's Signature

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Month

Day

Year

*"Go into all the world and proclaim this Gospel to all creation."*

FMCOG Missions does not discriminate against any individual. Rather, FMCOG Missions welcomes the participation of all individuals regardless of race, sex, color, national or ethnic origin

# MISSIONS TRIP

## LEAD PASTOR RECOMMENDATION

Give this recommendation form to your Lead Pastor. He or she will forward the completed form to the Missions Director.

### Part I (to be completed by the applicant, *please print*)

Name of applicant \_\_\_\_\_  
Last First M.I.

Applying for \_\_\_\_\_ Date of trip \_\_\_\_\_  
(Specify trip)

Date submitted \_\_\_\_\_

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### Part II (to be completed by Lead Pastor, *please print*)

This recommendation is confidential.

Date: \_\_\_\_\_

Name: \_\_\_\_\_

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

Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

Church Name: \_\_\_\_\_

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

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Based upon your association with the applicant, respond to the following statements in the left column by checking the appropriate evaluation in the right column.

### PERSONAL TRAITS

	Excellent	Above Average	Average	Questionable	No opportunity to observe
Consideration of others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation with leaders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Excellent Above Average Average Questionable No opportunity to observe

Conduct with the opposite sex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Racial attitudes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Honesty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Temperament	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect for authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Open to new ideas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to resist compromise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Resourceful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to interact in groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1. How long have you known the candidate? \_\_\_\_\_

2. In what relationship have you known and observed the candidate? \_\_\_\_\_

3. State briefly your opinion of the applicant's dedication to his/her faith. \_\_\_\_\_  
\_\_\_\_\_

4. What leadership ability has the applicant evidenced? \_\_\_\_\_

5. What special talents has the applicant demonstrated? \_\_\_\_\_

6. Does he/she have any emotional, mental or physical handicaps? \_\_\_\_\_

7. Please state any other information you feel would be of value to the application review committee. \_\_\_\_\_  
\_\_\_\_\_

8. Overall, how would you rate the applicant as a potential missions trip participant?

- Good       Fair       Poor

\_\_\_\_\_  
Senior Pastor Signature

\_\_\_\_\_  
Date

**Submit completed form to FMCOG Missions Director**

**\*APPLICANTS UNDER AGE 21 REQUIRE AN ADDITIONAL NOTARIZED FORM WITH SIGNATURE OF PARENT/GUARDIANS.\***

# Liability Release Form

## Release of All Claims

I being 21 years of age or older, do for myself do hereby release, forever discharge and agree to hold harmless Church of God International Offices and the directors thereof along with the Fort Mill Church of God from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned while participating in the trip or activity.

Furthermore, I hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein.

Further, authorization and permission is hereby given to said church to furnish any necessary transportation, food and lodging for this participant.

The undersigned further hereby agree to hold harmless and indemnify said church, its directors, employees, and agents, for any liability sustained by said church as the result of the negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto.

\*APPLICANTS UNDER AGE 21 REQUIRE AN ADDITIONAL NOTARIZED FORM WITH SIGNATURE OF PARENT/GUARDIANS.\*

This form must be **SIGNED** and **NOTARIZED**

Participant's Signature

Date

Participant's Name (PLEASE PRINT)

I \_\_\_\_\_ have read and understood the above Liability  
Participant's name (please print),  
Release.

This document signed at \_\_\_\_\_ County in the state of \_\_\_\_\_,

this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

NOTARY SIGNATURE

My commission expires \_\_\_\_\_, 20\_\_

Submit completed and notarized form to:

**Missions Coordinator**

Fort Mill Church of God, 221 Academy Street, Fort Mill, SC 29715

# MEDICAL RELEASE AGREEMENT

I \_\_\_\_\_ do further give my consent  
*Participant's Name (Please print)*

for the director or properly appointed staff member of the Church of God to secure the administration of medical treatment in case of emergency. And I do further agree to the performance of such treatment, anesthetics, and operations as in the opinion of the attending physician is deemed necessary for myself.

This form must be SIGNED and NOTARIZED

Participant's Signature

Date

Participant's Name (PLEASE PRINT)

I \_\_\_\_\_ have read and understood the above Medical  
*Participant's name (please print)*

Release.

This document signed at \_\_\_\_\_ County in the state of \_\_\_\_\_,  
this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
NOTARY SIGNATURE

My commission expires \_\_\_\_\_, 20\_\_

Submit completed and notarized form to: **Missions Coordinator**  
Fort Mill Church of God  
221 Academy Street, Fort Mill, SC 29715

\*APPLICANTS UNDER AGE 21 REQUIRE AN ADDITIONAL NOTARIZED FORM WITH SIGNATURE OF PARENT/GUARDIANS.\*



# MEDICAL HISTORY FORM

Name \_\_\_\_\_ Date \_\_\_\_\_

Birthdate \_\_\_\_\_ Birthplace \_\_\_\_\_

Family Physician \_\_\_\_\_

Address \_\_\_\_\_

Physician telephone number: \_\_\_\_\_ Fax: \_\_\_\_\_

## Provide the following information:

Please indicate any other medical conditions that we should know about (Use the back of this page if necessary):

Allergies	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Epilepsy	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Asthma	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Heart Condition	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Diabetic	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Kidney Condition	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Digestive Disorders	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Physical Handicap	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Other	<input type="checkbox"/> YES	<input type="checkbox"/> NO			

If you have checked any of the above, please explain \_\_\_\_\_

Are you presently receiving any other prescribed or over-the-counter medication?  YES  NO

Please list all medications: \_\_\_\_\_

## IN CASE OF EMERGENCY, NOTIFY:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Telephone: Cell (\_\_\_\_) \_\_\_\_\_ Email address: \_\_\_\_\_

I hereby certify that this information is an accurate representation of my medical history. Should any changes in this occur, I will notify the Fort Mill Church of God offices immediately at 803/547-2629.

\_\_\_\_\_  
*Applicant's Signature*

\_\_\_\_\_  
*Date*

Submit completed form to:

**Missions Director at Fort Mill Church of God**  
P O Box 94  
Fort Mill, SC 29715

Revised 2/17/2021



# MISSIONS TRIP

## MISSIONS TEAM COVENANT & GUIDELINES

As a precautionary measure, we are asking each participant to review the following information and abide by them at all times. It is the responsibility of the missions trip coordinator to see that this trip operates in a safe and effective manner, therefore, your cooperation is necessary. A separate background check may be required.

1. All missions trip team members will work under the leadership and supervision of their team leader(s) and missionary hosts.
2. All team members must work as a team during their missions trip experience, from departure to return. There is no room for individualism with the missions trip.
3. All missions trip team members must uphold the rules of dress and conduct denoted by the team leader.
4. All missions trip team members will uphold the Practical Commitments of the Church of God as stated in the Church of God Minutes and in the booklet "Our Statements of Faith." This includes refraining from the use of profanity, tobacco, alcohol, or illegal drugs.
5. No missions trip team member may independently separate from the group during travel.
6. Absolutely no dating within the team or with any individual from the host area is permitted. Inability to observe this rule will result in immediate travel home at the participant's added expense.
7. All missions trip team members will be required to spend time each day in personal prayer and devotions aside from the scheduled prayer, devotions, and Bible studies with the missions trip team.
8. All missions trip team members will maintain a Christ-like attitude, compassion, and demonstration of the Fruit of the Spirit and the 7 Heart Attitudes on the trip.
9. All missions team members should encourage one another and help one another through the experiences on the trip. Memorize Ephesians 4:32 and take it to heart.
10. All missions team members should give spiritual and practical encouragement and support to their team leader(s), understanding the responsibilities that are involved in this position. Team members should seek to assist the team leader(s) everyday in any way possible to facilitate the ministry of the mission.
11. Absolutely no mode of weaponry will be allowed.

**I UNDERSTAND AND AGREE TO ABIDE BY THE ABOVE REGULATIONS AND SAFETY GUIDELINES.**

Potential Team Member Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

Team Leader approval: \_\_\_\_\_ (office use only)