



At Parkway, we worship God by building believers to make disciples of our neighbors and the nations. The way we are seeking to reach people is by equipping our Parkway family to go to other contexts around the world. Our hope is to have all members of the Parkway family signed up for a Short-Term Mission Project serving around the world this year. 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 filling out the questions, please do not hesitate to contact the Missions Team if you have questions regarding your application. Once your application is submitted and reviewed, your Short-Term Project Leader and a member from the Missions Team will contact you with further details.

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

Part One		Application		
Application Date:				
Location of Project:	<input type="checkbox"/> Bangladesh	<input type="checkbox"/> Philippines	<input type="checkbox"/> Peru	
	<input type="checkbox"/> Romania	<input type="checkbox"/> Israel	<input type="checkbox"/> Other _____	
Dates of Project				
Personal Information				
Full Name (exactly as it appears on Passport)				
Street address:				
City:		State:		Zip:
Email:				
Phone:		Skype Name:		
Occupation and Professional Skills:				
Date of Birth:		Gender: () Male () Female		Marital Status:
If Married, Spouse's Name:				
If you have children, Children's Name(s):				
Please give a reference for the Missions Team to contact on your behalf:				
Name:		Email:		

Relationship to Parkway Baptist Church

- 1. I () am / () am not a member of Parkway Baptist Church
- 2. I () am / () am not regularly involved in a small group at Parkway Baptist Church.

Name of Small Group Leader: _____ How long have you been attending: _____

Please answer the following questions in the space provided in 100 words or less

<p>1. Write out the gospel in your own words.</p>	
<p>2. Write out your salvation story, including when you were baptized.</p>	
<p>3. How are you currently growing in your relationship with Christ?</p>	

Please answer the following questions in the space provided in 100 words or less

4. List all ministry involvement.

5. List any cross-cultural short-term or mid-term mission experience you've had.

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

Applicant Information - The information disclosed below will be read and held with confidentiality by members of the Parkway Missions Staff and your Missions 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 questions below.

1. Do you believe that The Holy Bible is the inerrant and infallible Word of God? (*if no, please clarify below.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Do you believe that Jesus is the One and ONLY way to Heaven? (*if no, please clarify below.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Do you believe that God created the world? (*if no, please clarify below.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Excluding minor traffic violations, have you ever been convicted of any violation of any law or ordinance? (*if yes, please clarify below.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Have you ever been arrested or criminally convicted for either physical or sexual abuse of a child? (*if yes, please clarify below.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Do you have any physical impairment that prevents you from physical work? (*if yes, please clarify below.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Have you been under the care of a counselor or licensed mental health professional over the last 12 months? (*if yes, please clarify below.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Do you have any medical issues that the Parkway Missions Team should be aware of? (*if yes, please clarify below.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. 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 below.)	<input type="checkbox"/> Yes <input type="checkbox"/> No

Applicant Information Clarification:

Financial Support Information & Agreement

I understand that going on any missions project costs money (for flights, housing, and food) and am committed to raising the necessary funds for not only me, but for the team I am going on mission with. 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 is 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 be subject to 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 been inappropriate and therefore jeopardizing the long-term ministry.
- ✓ I acknowledge that Parkway Baptist Church will not be responsible for extra trip expenses (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 is under 18 years of age)

Date

* Please photocopy this page and keep one copy for your information *

Part Two	Missions Logistics Form To complete the following information you will need your passport if you have one.
Travel Insurance Info	Parkway Baptist Church may purchase traveler's insurance on your behalf if applicable. Please, list your beneficiary for this purpose below.
Name of beneficiary:	
Relationship:	

Passport Information		
Full Name (<i>exactly as it appears on Passport</i>)		
Passport Number:		
Issue Date:	Nationality:	Place of Issue:
Passport Expiration Date:		

Part Three: Medical Release/Permission to Treat/Minor Release/Media Release Form

Note: All sections of this form must be complete and be notarized to be eligible to participate in this project.

Age Group:(check one) Senior High College Adult Staff Group Leader

Team Information

Project Leader (Short-Term ONLY): _____

Project Location: _____ Project Dates: _____

Personal Information

Full Name: _____ Date of Birth: _____ Age: _____

SSN: _____ Sex: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email _____

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

School Grade Completed (if younger than 19 years old): _____

Emergency Contact Information - provide information for 2 individuals NOT traveling with your team

Name: _____ Relationship to you: _____

Phone: _____ Alternative Phone: _____

Name: _____ Relationship to you: _____

Phone: _____ Alternative 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

Generally, my health is (check one) Excellent Good Fair Poor

If Fair or Poor, please explain you condition _____

Family Physician _____ Physician's Phone Number _____

Physician's Address _____

Date of Tetanus Immunization _____ (Must be within the past 10 years)

Do you have any allergies? yes no

List any medicines or substances which you are allergic _____

What over-the-counter medication would you allow to be administered to the participant if needed (example Tylenol, ibuprofen, Anti-diarrheal, Benadryl, antihistamine, Pepto-Bismol) _____

List any medical difficulties for which you are currently being treated _____

List any/all medication you are currently taking _____

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? _____ yes _____ no

If yes, please explain: _____

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

If yes, please explain: _____

Emergency Authorization

I, the undersigned, do for myself (or for and on behalf of my child 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 under 18 years of age) hereby release from all claims and forever hold harmless the leaders, staff, employees, or volunteers from Parkway Baptist 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 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 Gallagher and Associates or another travel insurance company. Further, should it be necessary for me (or my child) to return home due to disciplinary actions, for medical reasons, or otherwise, I hereby assume responsibility for all transportation costs.

I, the undersigned, do hereby consent and authorize Parkway Baptist Church, or any of its representatives, to use and reproduce photographs, film, video or other electronic imaging of me (or my child) and information 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's) or any other information provided by me during interviews and conversations, unless otherwise stipulated, for present and future fundraising and advertising 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 may be applied.

I, the undersigned, do release my child to travel with the designated Project Leader 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's signature _____ Date _____

(Parental signatures required only if participant is below 18 years of age)

Father's signature _____ Date _____

Mother's signature _____ Date _____

Notary Public

State of _____ County of _____

Personally appeared before me _____, with whom I am personally acquainted, and who acknowledged that he/she executed the within and foregoing permission and release form.

Witness my hand this _____ day of _____, 20_____.

Notary's Signature _____

My commission expires _____.

Part Four: Application Checklist

Note: Submit the following materials to the Parkway Baptist Church Missions Staff. These materials can be submitted at the Activities Box on Sundays or Wednesdays, at the church office Monday-Thursday 8:30am to 4pm, or through your project leader. All materials should be submitted with your application. Your application will not be considered complete until all of these materials are turned into the Parkway Missions Staff.

- Completed Application
- I kept a signed copy of the Financial Support Information Agreement & Personal Responsibilities Agreement
- Completed Mission Logistics Form
- Completed Medical Release/Permission to Treat/Minor Release/Media Release Form with notary
- \$100 Non-Refundable Deposit (\$200 Deposit for International World Changers)
- 2 color copies of your passport
- A copy of your insurance card
- 2 passport size photos (any Walgreens or other drug store with a camera development will take these for you for a small price) - Please scan these or keep a digital copy for future projects
- Pray for your project