## CHAPERONE APPLICATION: 2018 INTERNATIONAL MISSION TRIP BURNT HICKORY BAPTIST CHURCH

Dear Brother/Sister in Christ,

Thank you for your interest in our 2018 International mission trip. It is again our desire to provide our students with the most positive experience possible this summer through the mission trip. The adults who accompany us will have a great deal to do with that experience.

Please don't be dismayed by the length of this application. We've made it comprehensive so we can 1) know your family and your medical condition; 2) find out any particular strengths you might bring to the team; 3) find out any weaknesses that might be of importance; and 4) learn a little about your relationship with the Lord.

As you prepare to fill out the application, please follow these guidelines:

1. Read through the application, pray and then complete it.

**PERSONAL INFORMATION** (please print)

TELEPHONE – HOME: CELL:

- 2. If you have questions, please call us.
- 3. Be assured of total confidentiality.
- 4. Please return the application to Matt Petty as soon as possible.
- 5. Please include a \$100.00 deposit (returned to those not selected).
- 6. A color copy of your Passport or documentation that you have applied

Please complete and return your application by **Sunday**, **March 4th**. The approximate dates of the mission trip are June 28-July 13. While on the mission field, we will do ministry/assemblies in schools, girls' ministry, after-school ministry, support of local churches, camps, etc. Students will also have the opportunity to participate in one-on-one witnessing (and anything else that our sponsors ask us to do), and you will be asked to do the same. You will also, of course, provide "crowd control" any time we're together and will be expected to go through all training activities, fundraisers (Run for the Son, Silent Auction, Barbecue), and additional reading/memorization/faith-sharing processes as well. In addition, you will need to be prepared to pay for half the cost of your trip (cost to be determined).

Interviews will be conducted during early April with final selections being made hopefully before the end of the month.

Thank you again for your interest in our students and all you're doing for our Lord here at BHBC! In Jesus.

FULL LEGAL NAME:	EMAIL:							
ADDRESS:	CITY:	STATE:	ZIP:					
TELEPHONE – HOME:	CELL:							
DATE OF BIRTH:	SOCIAL SECURITY NUMB	ER						
PASSPORT NUMBER - PLEASE INCLUDE A COPY WITH THIS APPLICATION OR DOCUMENTATION SHOWING YOU APPLIED:								
SPOUSE'S NAME:1	NAMES & AGES OF CHILDREN:							

IN CASE OF EMERGENCY, PLEASE NOTIFY: \_\_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

LEGAL/LIFE-STYLE INFORMATION						
Have you ever been arrested and/or convicted of a felony?   ☐ YES ☐ NO						
Have you used illegal drugs in the past six months?						
Do you use tobacco products? 🛘 YES 🔻 NO						
ave you used alcohol in the past six months? 🛘 YES 🗘 NO						
Are there any special issues or concerns in your life at present that would possibly affect your ability to chaperone this trip (i.e. relationships, other commitments, etc.)?						
FIELD INFORMATION						
Please list ministries that you are currently involved in here at Burnt Hickory:						
Please indicate any special skills, talents or Christian service experience that you feel may be helpful in the field:						
Please list mission experiences including location, dates, and ministry:						
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## **TESTIMONY** In the space provided below, please share your salvation testimony. Please include how long you have been a Christian, how you were saved, and describe briefly your walk with the Lord at the present time:\_\_\_\_\_ Please explain briefly why you desire to go on this mission trip and what you hope to see the Lord do in and through you: \_

MEDICAL INFORMATIO	N					
How would you describe your present	health?	□ Excellent	□ Good	□ Average	□ Poor	
Please state any major illness(es) you h	ave had	I in the last five	e years:			
Are you presently under the care of a	physiciar	n? 🗆 YES 🗆	I NO			
If yes, please describe:						
Plage list any modication that you are	now tal	kina:				
Please list any medication that you are	TIOW IO	KIII 9				
T-SHIRT SIZE						
DAS DAM DAL DAXL DA2XL						
REFERENCES						
NAME:		RELA	tionship:_			
ADDRESS:		CITY:		STA	TE:	ZIP:
TELEPHONE – HOME:						
NAME:		DEI V.	TIONISHID:			
ADDRESS:						
TELEPHONE – HOME:						
TELEFITIONE TIOME.			-L•			
I, undersigned, give my authorization to	o Burnt H	lickory Bantist	Church or i	it's representa	atives to re	elease anv
and all records or information relating t	to workir	ng with minors.	The churc	h may contac	ct my refe	rences and
appropriate government agencies as give my permission for a current backg		•		riiy my suitab	ility as a c	naperone. I
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APPLICANT'S SIGNATURE:			D/	ATE:		