

**Short Term Missions  
Team Member  
Application**

Gibson City Bible Church  
309 North Rte 47  
Gibson City, IL 60936  
(217) 784-5702 Fax: (217) 784-5774



Application Date: \_\_\_\_\_  
Applying for which team: \_\_\_\_\_  
Application Deadline: \_\_\_\_\_

**PERSONAL INFORMATION**

Please type or print FULL LEGAL NAME (as it appears in your passport) in black ink.

Name: \_\_\_\_\_  
Last First Middle

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Occupation \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Marital Status:  Single  Married  Engaged  Widowed  Separated  Divorced

(If married) Spouse' Name: \_\_\_\_\_

Passport Number: \_\_\_\_\_ Passport Issued Date: \_\_\_\_\_

Place of Issue (city/state): \_\_\_\_\_ Passport Expiration Date: \_\_\_\_\_

In case of Emergency, please notify:

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: Home(\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_ Cell(\_\_\_\_) \_\_\_\_\_

**CURRENT HEALTH STATUS: (Describe current health condition and specify any special health needs, or limitations)**

Health Insurance Co. \_\_\_\_\_ Health Insurance Phone (\_\_\_\_) \_\_\_\_\_

Policy Number \_\_\_\_\_ Group ID# \_\_\_\_\_ Name of policy holder \_\_\_\_\_

Gibson City Bible Church

Does your health insurance carrier cover out of USA cost? If so is it more than emergency room coverage? \_\_\_\_\_

\* A complete list of medications that you take daily needs to be submitted to the Group Leader in the event of an accident or hospitalization. This information will be kept private between you and the Group Leader.

**RELATION TO THE GIBSON CITY BIBLE CHURCH ("GCBC")**

Check one and complete requested information

- Member since \_\_\_\_\_ (mo/year) and have attended since \_\_\_\_\_ (mo/yr)
- Regular attender and active in church since \_\_\_\_\_ (mo/yr)
- Occasional or non-involved church attender
- Involved in a church other than GCBC (specify church) \_\_\_\_\_

List three pastors, elders or ministry leaders who know you best and could serve as references. ( with phone #'s)

\_\_\_\_\_  
\_\_\_\_\_

**MINISTRY EXPERIENCE**

List the ministries that you have been involved with, both past and present (include length of involvement for each ministry):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List the cross-cultural and short-term experience you have had (beginning with the most recent and going back chronologically), indicating the length of each:

List foreign languages you speak:

Do you speak  a little     well     very well

\_\_\_\_\_

**PERSONAL BACKGROUND**

Describe how you came to trust Christ as your Savior (you may use additional sheets if needed)

---

Explain what you are presently doing to maintain a time of devotions (Bible study and prayer) to continue your relationship with Christ for your own personal spiritual growth and guidance.

---

Indicate your area(s) of skill/ability/giftedness which you could share (indicate as many as apply):

- |                                       |  |  |
|---------------------------------------|--|--|
| <input type="checkbox"/> Music        | <input type="checkbox"/> Medical                         | <input type="checkbox"/> Children's Ministry |
| <input type="checkbox"/> Speaking     | <input type="checkbox"/> Sports                          | <input type="checkbox"/> ESL                 |
| <input type="checkbox"/> Teaching     | <input type="checkbox"/> Computers                       | <input type="checkbox"/> Other _____         |
| <input type="checkbox"/> Crafts       | <input type="checkbox"/> Evangelism                      | <input type="checkbox"/> Other _____         |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Discipleship                    | <input type="checkbox"/> Other _____         |
| <input type="checkbox"/> Dramatics    | <input type="checkbox"/> Food (Cooking for large groups) | <input type="checkbox"/> Other _____         |

If you have been on previous short-term teams, describe what you have done in missions since your last trip (ie. books read, conferences, attended, ministries you are part of, supporting missionaries etc.)

---

In preparing to go on a short-term missions trip, one of the determining factors influencing the success of the trip is your expectations. Over the months ahead, the training you receive will help you to refine your expectations, but at this point we would like your initial thoughts (use additional sheets of paper if needed).

Why are you applying for this team?

---

**DEPOSIT INFORMATION**

Please include your deposit in the amount of \_\_\_\_\_. Make check payable to **Gibson City Bible Church**. **This amount is non-refundable except in the event you are not selected to be a part of this team. The remainder of your share for the total cost of the trip must have been deposited to GCBC no later than 30 days prior to departure or by stipulated due date.**

**AGREEMENTS:**

Gibson City Bible Church

By signing in the space provided below, I am applying to be accepted as a team member for the trip indicated above. By so doing, I am confirming to GCBC that I agree with the Church Covenant of GCBC and the short-term missions policies and requirements of the church and that if accepted:

- I will attend all training and preparatory sessions and complete all training requirements.
- I will whole-heartedly submit to the team leadership and will follow their direction and instruction.
- I am willing to work under the direction of missionaries and the national pastors to accept and to perform any and all assignments cheerfully.
- I will pray earnestly for the team leaders, the team members and for this trip overall.
- I am willing to conform to the standards of the national Christians, even if those standards are stricter than my own.
- I will agree to return home at my own expense if the team leadership determines that my behavior is/has been inappropriate.
- As a team mission team member, leader and/or staff, I will serve at my own risk, and the Gibson City Bible Church is not liable in the event of sickness, accident, death, or terrorist acts or for transportation and any other expense beyond normal involvement.
- I understand that the expense of my support will be entirely my responsibility to raise.
- I understand that all sponsor funds received by GCBC are contributions to GCBC and are not refundable. To receive a tax deduction, the IRS stipulates that the donor must release control of all funds donated to a non-profit organization. For this reason, contributions from sponsors cannot be refunded, nor can they be designated to any specific person. However, with respect to my sponsor donations, I accept that I will be a fundraiser and will receive credit for raising such funds up to the extent of my share of the cost for this trip.

Signed on \_\_\_\_\_  
(date)

By: \_\_\_\_\_  
(Signature)

---

Return completed application to the Missions Committee Chair – Gibson City Bible Church – 309 N. Rte 47, Gibson City, IL 60936 – (217) 784-5702 – fax (217) 784-5774