

# First Baptist Church Port Neches

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## **Missions Handbook**

Adopted by Congregation June 4, 2017

Updated by Missions Committee October 22, 2017

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## **Mission Committee's Vision for Missions at First Baptist Church of Port Neches**

**Purpose:** To follow the command of Jesus in Acts 1:8 when He said, "But you will receive power when the Holy Spirit comes on you; and you will be my witnesses in Jerusalem, and in all Judea and Samaria and to the ends of the earth."

**Strategies:** We endeavor to involve the people of First Baptist Church of Port Neches in mission projects that engage the lost through personal encounters with the gospel. It is our desire to bring The Good News that Jesus saves to our community, nation and world.

A project/trip's purpose may be to partner with and help equip indigenous believers to proclaim the gospel.

Each project/trip may include training to equip the participants to meet the purpose.

Projects that meet financial, medical or social needs must also be intentional in sharing the gospel.

**Criteria for Mission Projects:** Each project/trip must have a clearly defined evangelistic purpose and be able to show how that purpose will be met.

All mission projects/trips must demonstrate good stewardship through financial transparency and resources must be expended on each mission project with a minimum going to administrative costs.

## Application for a Mission Project/Trip

Contact person \_\_\_\_\_ E-mail \_\_\_\_\_

Phone # \_\_\_\_\_

1. Description of project/trip \_\_\_\_\_

Where \_\_\_\_\_ When \_\_\_\_\_

2. How will this project/trip meet the mission purpose and/or strategies of FBCPN?

\_\_\_\_\_

3. How many people will be involved with this project/trip? \_\_\_\_\_

4. What qualifications are required?

\_\_\_\_\_

Will training be provided? \_\_\_\_\_ When? \_\_\_\_\_

Where? \_\_\_\_\_ By whom? \_\_\_\_\_

5. What type of promotion/advertisement of this project is planned?

LifeGroups? Sunday bulletin \_\_\_\_\_ Vision \_\_\_\_\_ Church e-mail \_\_\_\_\_

Slides on Sanctuary screens \_\_\_\_\_ Other \_\_\_\_\_

6. What are you asking of the Missions Committee for this project?

\_\_\_\_\_

\_\_\_\_\_

7. What goals are you setting for this project? \_\_\_\_\_

\_\_\_\_\_

8. How will the success of this project be measured? \_\_\_\_\_

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9. How will you ensure financial accountability for this project? \_\_\_\_\_

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10. *On the first Thursday of the month after the completion of this project, please give a report to the Missions Committee with an approximate number of people who heard the Gospel presented, any decisions made or anything else you wish to share about your project. This will allow us to be accountable to our church about how mission dollars are being spent.*

## Mission Project/Trip Participant Application

Mission Trip Location \_\_\_\_\_

Mission Trip Date \_\_\_\_\_

### Personal Information

Legal Name \_\_\_\_\_  
Last (legal name as it appears on DL and/or Passport) First Middle

Address \_\_\_\_\_  
Street Address Apartment/Unit #  
City State ZIP Code

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

E-mail Address \_\_\_\_\_

Birth Date \_\_\_\_\_ Gender M F

Marital Status Single Engaged Married Divorced Widowed

Passport # \_\_\_\_\_ Date of Expiration \_\_\_\_\_  
If traveling internationally, please attach a photocopy of your passport page containing your photo and ID#

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

If student \_\_\_\_\_  
School Name Grade/Education Level

Do you have medical Insurance Y N

### Ministry Information

Do you attend FBC PN Worship Services? Y N

Are you a member of FBC PN? Y N

If no, please list home church \_\_\_\_\_

You will need two references, one personal and one related to your ongoing spiritual growth; small group leader, minister, staff member, accountability partner, etc...

Reference #1 Name \_\_\_\_\_

Reference Phone # \_\_\_\_\_

Reference E-mail \_\_\_\_\_

Relationship to reference \_\_\_\_\_

Reference #2 Name \_\_\_\_\_

Reference Phone # \_\_\_\_\_

Reference E-mail \_\_\_\_\_

Relationship to reference \_\_\_\_\_

Have you ever served on a mission trip?      Y      N

If yes, please list the trips \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What skills or talents do you have that may prove valuable for this trip?

(foreign language, music, teaching, arts and crafts, drama, music, etc...)

\_\_\_\_\_

\_\_\_\_\_

Why do you want to go on this trip?

\_\_\_\_\_

\_\_\_\_\_

Give a brief summary of your relationship with Jesus Christ. Include (1) When and (2) How you accepted Christ as Lord and Savior, and (3) what Jesus means to you in your daily life.

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Please review and sign the attached FBC PN waiver, release and Indemnity agreement. This waiver must be signed and submitted with application.



## **FBC PN WAIVER, RELEASE AND INDEMNITY AGREEMENT For International Mission Trips**

PARTICIPANT NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

The undersigned ("Participant"), desiring to visit foreign countries with FBC PN, and participate in one or more campaigns, training programs or other ministry projects at various sites organized by FBC PN (collectively, the "Campaigns"), enters into this Waiver, Release and Indemnity Agreement (this "Campaign Release Form") to induce FBC PN to allow the Participant to participate in Campaigns. The Participant understands that FBC PN will rely upon this Campaign Release Form in agreeing to allow Participant to participate in any such Campaigns. Participant acknowledges that the participation in such Campaigns will benefit Participant and that as such Participant has received valuable consideration for the execution of this Campaign Release Form. Based on the foregoing, Participant hereby agrees with FBC PN as follows:

1. Participant does hereby release and forever discharge FBC PN, and its employees, officers, agents, directors and representatives ("FBC PN Related Parties") from any and all claims, demands, actions and causes of action for any and all injuries, losses, liabilities and/or damages sustained, incurred or suffered by Participant during, as a result of, or in any way related to, the Campaigns, including, without limitation, those relating to my leaving the United States of America and visiting foreign countries, including my stay in any foreign country and my trip to and from any foreign country. **WITHOUT LIMITATION OF THE FOREGOING, THE UNDERSIGNED HEREBY SPECIFICALLY RELEASES AND FOREVER DISCHARGES FBC PN AND ALL FBC PN RELATED PARTIES FROM ANY AND ALL CLAIMS, DEMANDS, ACTIONS AND CAUSES OF ACTION FOR ANY AND ALL INJURIES, LOSSES, LIABILITIES AND/OR DAMAGES SUSTAINED, INCURRED OR SUFFERED BY THE PARTICIPANT ARISING DIRECTLY OR INDIRECTLY FROM OR AS A RESULT OF THE NEGLIGENCE (BUT NOT GROSS NEGLIGENCE OR WILLFUL MISCONDUCT) OF FBC PN OR ANY FBC PN RELATED PARTIES.**

2. Without limiting the release set forth above, Participant acknowledges that he/she understands that FBC PN makes arrangements with airlines, hotels, travel agencies and other independent parties to provide Participant with certain services connected with the Campaigns. These parties are not agents of FBC PN, but are independent suppliers over whom FBC PN has no control, and Participant consents to all such arrangements. FBC PN is not responsible for any claims, losses, damages, costs or expenses sustained, incurred or suffered by Participant as a result of, arising from, or in any way related to any accident, injury or death, damage, loss or delay of baggage or other property, or delay, inconvenience, loss of enjoyment, upset, disappointment, distress or frustration, whether physical or mental, resulting from or in any way related to (1) the act or omission of any such airline, hotel, travel agency or other independent party; (2) mechanical breakdown, government actions, weather or other factors beyond FBC PN'S control; (3) failure of Participant to obtain or receive documents, passports, visas or health certificates valid through the date of re-entry to the United States, when required, in which case FBC PN may assess a cancellation charge; (4) failure of Participant to follow instructions, including, but not limited to, those regarding check-in and check-out times and baggage handling; (5) cancellation or change for any reason in the travel services offered; and (6) medical or health problems or physical disabilities, and any medical treatment or hospitalization, or lack thereof, related thereto. Participant understands FBC PN reserves the right to cancel or alter the Campaigns at any time at its sole discretion. **WITHOUT LIMITATION OF THE FOREGOING, THE UNDERSIGNED HEREBY SPECIFICALLY RELEASES AND FOREVER DISCHARGES FBC PN AND ALL FBC PN RELATED PARTIES FROM ANY AND ALL LIABILITIES, DAMAGES, OBLIGATIONS, CLAIMS, ACTIONS, CAUSES OF ACTION, LOSSES, COSTS, OR EXPENSES INCURRED OR SUFFERED BY THE PARTICIPANT ARISING DIRECTLY OR INDIRECTLY FROM OR AS A RESULT OF THE NEGLIGENCE OF ANY SUCH AIRLINES, HOTELS, TRAVEL AGENCIES OR OTHER INDEPENDENT PARTIES WITH WHICH FBC PN MAKES TRAVEL ARRANGEMENTS.**

3. Participant gives FBC PN and its representative(s) (including, without limitation, the leader of any such Campaign) authority to request and authorize medical and/or hospital treatment for Participant in the event of any injury or sickness sustained by Participant while on any Campaign, including, without limitation, while traveling to and from any foreign country, and, if the need arises, to administer medical treatment, life-saving techniques or other first aid pursuant to the standard medical

kit carried on the Campaigns. Participant agrees to pay for all such treatment and to reimburse FBC PN for all costs and expenses incurred by Participant with respect to such treatment. WITHOUT LIMITATION OF THE FOREGOING, THE UNDERSIGNED

HEREBY SPECIFICALLY RELEASES HPPC, AND ALL FBC PN RELATED PARTIES, FROM ANY DUTY OR AND ALL FBC PN PARTIES, FROM ANY DUTY OR OBLIGATION TO PROVIDE MEDICAL SERVICE OR TREATMENT, LIFE-SAVING TECHNIQUES, FIRST AID, OR HOSPITAL TREATMENT FOR PARTICIPANT IN THE EVENT OF ANY INJURY OR SICKNESS SUSTAINED BY PARTICIPANT WHILE ON ANY CAMPAIGN, INCLUDING, WITHOUT LIMITATION, WHILE TRAVELING TO, IN, AND FROM ANY FOREIGN COUNTRY.

4. The invalidity or unenforceability of any particular provision of this Campaign Release Form shall not affect any other provision hereof, and in the event that any provision hereof is found by a court of competent jurisdiction to be invalid or unenforceable, this Campaign Release Form shall be construed in all respects as if such invalid or unenforceable provision had never comprised a part hereof and the remaining provisions hereof shall remain in full force and effect and shall not be affected by the invalid or unenforceable provision or by its severance herefrom. Furthermore, in lieu of such invalid or unenforceable provision, there shall be added automatically hereto and as a part hereof a provision as similar in terms and intent to such invalid or unenforceable provision as may be possible and be legal, valid and enforceable.

I, the Participant named herein, am eighteen (18) years of age or older, and competent to sign this Campaign Release Form. This Campaign Release Form is binding on me and my executor, administrators and heirs.

I AM AWARE THAT FOREIGN TRAVEL, INCLUDING TRAVEL TO AND FROM ANY CAMPAIGN SITE LOCATION, HAS INHERENT DANGERS THAT POSE A RISK OF HARM OR INJURY, INCLUDING, BUT NOT LIMITED TO, DISEASE, LACK OF PROPER HEALTHCARE, CRIME, CIVIL UNREST, LACK OF PROPER HEALTH STANDARDS, AND LACK OF AIRPORT SECURITY.

I AM AWARE THAT I MAY SUFFER BODILY INJURY OR PROPERTY DAMAGE ARISING OUT OF MY PARTICIPATION IN THE CAMPAIGNS. HOWEVER, I VOLUNTARILY CHOOSE TO ASSUME THESE RISKS AND PARTICIPATE IN THE EVENT. I HAVE FULL KNOWLEDGE OF THIS DOCUMENT'S LEGAL SIGNIFICANCE.

I HAVE FULLY READ THE ABOVE AND UNDERSTAND IT AND HEREBY CONSENT TO IT AND AGREE TO BE BOUND BY IT.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Witness

\_\_\_\_\_  
If under 18 years of age, printed name of legal guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of legal guardian

\_\_\_\_\_  
Date

**Mission Project/Trip Reporting Form**  
Please fill out information that pertains to your project/trip

Project/Trip Leader's Name \_\_\_\_\_

If possible, list the names of those involved with this project/trip \_\_\_\_\_

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Number of people who heard the gospel presented \_\_\_\_\_

Number of people who were trained to share/teach/disciple \_\_\_\_\_

Number of salvations \_\_\_\_\_

Number of recommitments \_\_\_\_\_

Other spiritual decisions \_\_\_\_\_

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What goals were set before entering into this project/trip? \_\_\_\_\_

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Do you feel as if these goals were met?    Y    N

Why or why not?

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## Background Check Authorization

As evidence of my support for the child protection policy of First Baptist Church of Port Neches, my strong desire to help First Baptist Church of Port Neches protect all children involved in its operations and ministries, and my strong desire to uphold the integrity and witness of the First Baptist Church of Port Neches, I hereby authorize First Baptist Church of Port Neches and its designated agents and representatives to conduct a comprehensive review of my background causing a consuming report and/or an investigative consumer report to be generated. I understand that my ability to serve as a volunteer with First Baptist Church of Port Neches is contingent upon me passing a background check into my criminal background history.

I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to the following areas: verification of social security number; current and previous residences; employment history, employment credit history, education background, character references; civil and criminal history records from any criminal justice agency in any or all federal, state county jurisdictions; driving records, birth records, and any other public records.

I hereby release First Baptist Church of Port Neches and its agents, officials, representatives or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages or whatever kind, which may, at any time, result to me, my heirs, family or associates because of compliance with this authorization and request to release.

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Full Legal Name

\_\_\_\_\_  
Full Legal Name

\_\_\_\_\_  
Alias or Nickname

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

List addresses you have had in the past five years

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Financial Aid Information

This information is found on page 24, section 4.4 in FBC PN's Financial Policy and Procedures Manual:

*The funding of a volunteer mission project is the responsibility of the individual. Occasionally there will be those individuals who have been called to volunteer mission service and who, for some reason, are unable to provide all of their financial support. Any request for support must be submitted to the Missions Committee for financial consideration. At no time is the volunteer to solicit funds from any group within the church (i.e. Sunday School classes, Discipleship groups, etc.) or to send out any mailings to church members for the purpose of obtaining support without the specific approval of the Missions Committee and Finance Committee.*

If a mission project/trip is approved by the Missions Committee and Finance Committee it will become the responsibility of the project/trip leader to keep up with the financial details of the trip. The group leader is expected to work with the Financial Ministry Assistant and Church Administrator in following the proper policies and procedures in handling those funds.

## Scholarship Request

If a church member desires financial assistance for a mission trip, they will need to submit a letter requesting such funding to the Missions Committee no later than the first Thursday of the month. The letter should include:

- Trip details
- Description of fundraising efforts
- Explanation of why the mission trip is important to you

These letters should be turned in no later than three months prior to the trip. This will give the Missions Committee adequate time to review the request, contact the person making the request with any questions, be in communication with the Finance Committee and will allow time for prayerful consideration by the Missions Committee.

Scholarships will only be granted to members of FBC PN. The Missions Committee will also be in communication with the Administrative Pastor, or their designee, to look at the applicant's stewardship history (giving record, ministry involvement, church attendance).



Parent/Guardian Names: (if applicant is a minor)

\_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Cell #: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Cell #: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Primary Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Group #: \_\_\_\_\_ Member #: \_\_\_\_\_

Insurance Company Phone #:

\_\_\_\_\_

Insurance Company Address:

\_\_\_\_\_

### **MEDICAL HISTORY**

List any medications taken on a regular basis:

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

List any allergies:

\_\_\_\_\_

Do you have any restrictions that would keep you from being involved in certain activities?

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

Other pertinent medical information that we should be aware of:

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

### **MEDICAL WAIVER**

#### **1. TO BE COMPLETED BY PARENTS OF MINOR UNDER 18 YEARS OF AGE:**



I, the parent/guardian of, \_\_\_\_\_ a minor, hereby acknowledge that the said minor is presently under my care, custody, and/or control. I hereby give my express permission to go on the 2017 Activities/Trips with First Baptist Church of Port Neches, Texas. I furthermore grant permission for my child to participate in all activities, as my child is capable.

In the event there arises an emergency necessitating medical or surgical attention, I hereby consent and give my permission to the First Baptist Church of Port Neches, Texas staff, its representatives, or the sponsors, or any attending physician to make such decisions and to perform such medical treatments and/or surgery as they deem necessary and proper under the circumstances.

I, \_\_\_\_\_, the parent of \_\_\_\_\_, do release, acquit, discharge, and covenant to hold harmless First Baptist Church of Port Neches, Texas its staff, its representatives, or the sponsors from any and all actions, causes of actions, damages, or liabilities, and financial responsibility for all medical treatment provided during the attendance of 2017 Activities/Trips sponsored by the First Baptist Church of Port Neches, Texas.

**2. TO BE COMPLETED BY ADULTS 18 YEARS OF AGE OR OLDER:**

In the event there arises an emergency necessitating medical or surgical attention, I, \_\_\_\_\_, hereby consent and give my permission to the First Baptist Church of Port Neches, Texas staff, its representatives, or the sponsors, or any attending physician to make such decisions and to perform such medical treatments and/or surgery on my behalf which may in their sole discretion be necessary and proper under the circumstances.

I do release, acquit, discharge, and covenant to hold harmless First Baptist Church of Port Neches, Texas its staff, its representatives, or the sponsors from any and all actions, causes of actions, damages, liabilities arising out of the treatment of any sickness or accident, and financial responsibility for all medical treatment provided during the attendance of 2017 Activities/Trips sponsored by the First Baptist Church of Port Neches, Texas.

**I have read this Medical Release Form and agree to the terms of this document, and agree that I am signing it on behalf of the above named party.**

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN

\_\_\_\_\_  
Date

I give permission for my student's image to be used in the publicity of First Baptist Church of Port Neches; printed materials and online usage through our website and social media accounts.

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN

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**State of Texas**  
**County of Jefferson**

Subscribed and sworn to (or affirmed) before me this \_\_\_\_\_  
day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_ Notary  
Public