



Missions and Community Outreach
Mission Trip Leader Application with Background Check Form

This application is designed to fulfill several purposes. First, it will help the Missions and Community Outreach Ministry staff to get to know potential leaders. Second, it will provide essential information to assist us in determining a "good" fit for leaders with potential ministry destinations. Finally, it will add consistency to the process of sending missionaries as we fulfill the Great Commission call on our lives and church.

General Information (Part 1)

Trip/Project: _____

Full Name (as it appears on your passport): _____

Passport #: _____ Passport Expiration Date: _____

Citizenship: _____ City and Country Issued: _____

****Please, turn in a copy of your passport with your application. This is a good time to check and be sure your passport is in good condition. No fraying near the bar code. If your passport expires less than 6 months before your return date, it should be renewed prior to this trip.***

Birth Date: _____ (mm/dd/year) Continental One Pass #: _____

Mission Travel Insurance will be assigned to you for this trip.

Name of Beneficiary: _____ Relationship to you: _____

Name you go by: _____

Mailing Address: _____

Telephone (Home): _____ (Work): _____ (Cell): _____

Email: _____

Marital Status: (check box) Single Married Divorced Widow
 Male Female

Do you: Preach ___ Teach ___ Drama ___ Sing ___ Sports ___ Art ___ Construction ___

Do you have other skills you would like to utilize on the field? _____

Musical Instruments: _____ If yes, what? _____

Foreign Languages Spoken: _____ Fluent ___ Limited ___

Medical Training (explain):

Previous Missionary and volunteer experience:

Your testimony and general questions (Part 2)

Briefly explain how you came to know Jesus Christ as your Lord and Savior.

How are you now experiencing God in your life?

What are your primary Spiritual Gifts?

How have you experienced the Holy Spirit working through you in the use of these gifts?

Are your gifts and talents better used in leadership or support of others?

Leadership

Support

Why are you interested in leading this Mission Trip?

What are your expectations of yourself in leading this trip?

What are your expectations of the team when leading this trip?

Your Church Involvement (Part 3)

Are you a member of Crossroads Baptist Church? Yes No

If no, please provide church membership information in this section.

Present Church Membership: _____

Address: _____

Pastor's Name: _____

Your present or past responsibilities with your local church:

Your Community Involvement (Part 4)

How are you currently involved in missions and /or outreach in our community?

Emergency Numbers and References (Part 5)

Emergency Contact Name: _____

Phone: _____

Email: _____

Relationship to you: _____

Indicate if you have now, or have had in the past, or are presently taking medications for any of the following:

- | | | |
|---------------------------|-------------------------|------------------------|
| ___ Asthma | ___ Psychiatric Counsel | ___ Diabetes |
| ___ Mononucleosis | ___ Heart Trouble | ___ Stomach Problems |
| ___ Nervous Disorder | ___ Seizures | ___ Migraine Headaches |
| ___ Other; please specify | | |

My health is: Excellent Good Fair Poor

Is there anything in regards to my health the MCOO Pastor should know?

Yes No

If yes, what? _____

Reference Information Part 6

Your ABF Director, Teacher or Small Group Leader (one who knows you personally)

Name: _____ Phone: _____

Your Church Pastor/Staff Member (who knows you personally)

Name: _____ Contact: _____

Another reference (other than church staff or relative who knows you personally)

Name: _____ Contact: _____

My Leadership Commitment (Part 7)

I commit to prepare myself spiritually for this trip, as I will be a spiritual leader to the participants. I will diligently prepare the team for the field with well prepared and culturally relevant training sessions. I will strive to work with the field missionaries and the Crossroads team with the heart of a servant. I will deal with unexpected distractions in a positive and Christ-like manner. I will work with respect and honor with the staff of the Missions and Community Outreach staff.

_____ Date

_____ Signature

Please return to Crossroads Baptist Church
Missions and Community Outreach Office
Morris Horner morris.horner@crossroadstw.org



**Missions and Community Outreach
Background Screening Consent**

Any missionary 18 years of age or older should complete all relevant information and sign and date the form.

I, _____ hereby authorize Crossroads Baptist Church and/or its agents to make an independent investigation of _____ for the purpose of confirming the information contained on my Missionary Trip Information Form and/or obtaining other information which may be material to my qualifications to serve on a mission trip with Crossroads.

Full Name (Printed)

Maiden Name or Other Names Used

Social Security Number: _____ Date of Birth: ____/____/____

Present Address

City _____ State _____ Zip _____

How Long at Present Address _____

Former Address _____

City _____ State _____ Zip _____

How long at Former Address _____

Driver's License Number _____ State of License _____

Signature of Applicant _____ Date _____

NOTE: The above information is required for identification purposes, and may be used as qualifications for internship or service as a volunteer. Crossroads Baptist Church abides by all applicable state and federal employment laws.