

Requirements and Dateline for Mission Journey  
*Italics are for International Journey only*

NAME \_\_\_\_\_ Date of Journey \_\_\_\_\_

MISSION PROJECT # & DESTINATION \_\_\_\_\_

I. Start of Journey Process (first things first)

Application submitted

\_\_\_ Form 1 2-page application

\_\_\_ Form 2 medical information in sealed envelope

\_\_\_ Form 3 mission journey contract

\_\_\_ Form 4 mission journey release, notarized

\_\_\_ Form 5 attitude & actions

\_\_\_ \$150 non-refundable deposit submitted to PVBC with application

\_\_\_ Children & Youth Workers Application (REQUIRED for all journeys)

\_\_\_ Letter sent for prayer and financial support

\_\_\_ *Passport pictures (4-6) taken for passport and visa*

\_\_\_ *Apply for Passport (applications at Post Office), allow 8-12 weeks*

\_\_\_ *Immunizations started*

II. Two months prior to mission journey

\_\_\_ Ready Set Go class completed

\_\_\_ One-on-one appointment with mission leader completed

\_\_\_ Form 6 submitted to complete application (prayer partner list)

\_\_\_ Begin emailing your prayer partners your prayer requests

III. One month prior to mission journey

\_\_\_ Balance of funds due for mission journey

\_\_\_ *Two (2) copies of picture/signature page of passport to office*

\_\_\_ *Immunizations completed*

\_\_\_ *Application on IMB website completed (check with team leader)*

IV. Two weeks before leaving

\_\_\_ Receive airline ticket

\_\_\_ Receive per diem check

\_\_\_ Receive copy of itinerary

\_\_\_ Receive copies of emergency numbers (one for you & one for family)

\_\_\_ *Receive Adams & Associates insurance card (to take with you)*

**Form 1**

**APPLICATION FOR MISSION JOURNEY  
Pleasant Valley Baptist Church**

**I. General Information:** (print your *passport* name)

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

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

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

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Gender(M/F): \_\_\_\_\_

**II. Travel Information:**(if application is being processed, leave this blank)

Passport Number: \_\_\_\_\_ Citizenship: \_\_\_\_\_

Date Of Issue: \_\_\_\_\_ Date of Expiration: \_\_\_\_\_

**III. Field Ministry:**

Have you previously participated in a mission trip? \_\_\_\_\_

Where, when & with what organizations? \_\_\_\_\_

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

Are you an ordained minister?  Yes  No

Do you speak a foreign language?  Yes  No

If yes, which language? \_\_\_\_\_

Degree of proficiency: Excellent \_\_\_\_\_ Good \_\_\_\_\_ Fair \_\_\_\_\_

**Emergency Contact/Primary beneficiary:**

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

Address \_\_\_\_\_

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

**Form 1 cont.**

**V. Ministry Information:**

Are you a member or regular attendee of Pleasant Valley Baptist Church? \_\_\_\_\_  
If not, where are you a member? \_\_\_\_\_

Non PVBC members or attendees, please have the following completed by a member of the pastoral staff at your home church:

To Be Completed by pastoral staff: Do you recommend this applicant for a short term mission journey? _____  Signature _____ Printed Name _____ Position _____ Date _____
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Are you currently serving in a ministry , if yes, describe? \_\_\_\_\_  
\_\_\_\_\_

What previous ministry involvement and/or training have you had? \_\_\_\_\_  
\_\_\_\_\_

What learned or professional skills do you have? \_\_\_\_\_  
\_\_\_\_\_

Why do you want to participate in this mission journey? Any personal goals? \_\_\_\_\_  
\_\_\_\_\_

What are you praying God will accomplish in your life through this experience? \_\_\_\_\_  
\_\_\_\_\_

If you are married, how does your spouse feel about your plans for this mission journey? \_\_\_\_\_  
\_\_\_\_\_

**VI. Personal Testimony:** *Feel free to use more space if necessary:*

My life before becoming a Christian: \_\_\_\_\_  
\_\_\_\_\_

How I realized I needed God to save me: \_\_\_\_\_  
\_\_\_\_\_

How I became a Christian: \_\_\_\_\_  
\_\_\_\_\_

My life as a Christian now: \_\_\_\_\_  
\_\_\_\_\_

**Form 2**

**Health Information for Emergency Purposes**

*Information provided on this form will be kept in confidence and accessed only in case of emergency. Please use the envelope we provide for your security and write your name on the outside.*

**NAME:** \_\_\_\_\_

**Emergency Information:**

Name of Emergency Contact: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_

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

Name of Emergency Contact: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_

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

**Health Information:**

Do you have any particular health problems or physical limitations?      YES      NO

If yes, please briefly describe: \_\_\_\_\_

List chronic diseases/allergies: \_\_\_\_\_

\_\_\_\_\_

Are you allergic to any medications? If so list these medications:

\_\_\_\_\_

Please list ALL medications, dosages, and frequency that you will be taking while on the mission journey:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Form 3**

**MISSION JOURNEY CONTRACT  
Pleasant Valley Baptist Church  
Updated 5/5/10**

By signing this contract I am indicating that I would like to participate in a Pleasant Valley Baptist Church mission journey, and I plan to obtain the funds necessary to do so. I realize that all checks should be made payable to Pleasant Valley Baptist Church, and that all funds will be administered as a project set up for my team on the books of Pleasant Valley Baptist Church. I understand that this project will be established with the submission of my initial \$150 non-refundable deposit. I also understand that any funds contributed by other people for my participation that are in excess of the cost of the trip may be transferred to other team participants in need. If funds are not utilized for my team, they will be transferred to our Global Outreach Scholarship Fund.

If I am able to participate in the mission journey, the cost established by Pleasant Valley Baptist Church will be deducted from my project. I will submit:

- Cost of my airfare (after the \$150 deposit) will be due 60 days prior to the departure date or by date communicated by the team leader.
- All remaining mission trip costs at least 30 days prior to the journey departure date unless approved by the team leader.

In the event that I do not participate in the mission trip, any charges incurred for me or on my behalf (i.e. airline cancellation fees when applicable, etc.) will be deducted from my project, and I will be responsible for any deficit. I will pay any deficit within fifteen (15) days following notice to me of the amount of such deficit.

I understand that use of my personal funds for the mission trip are considered a tax-deductible contribution, and that it becomes the sole property of Pleasant Valley Baptist Church. A gift to Pleasant Valley Baptist Church is a charitable contribution for federal income tax purposes to the extent permitted by law. Tax-deductible gifts cannot be refunded.

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

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Form #4**

**MISSION TRIP RELEASE AND HOLD HARMLESS AGREEMENT  
Pleasant Valley Baptist Church  
Liberty, Missouri**

I, \_\_\_\_\_ desire to visit another state or foreign country (circle one) with Pleasant Valley Baptist Church and participate in a mission trip organized by the church. I release and forever discharge Pleasant Valley Baptist, my church, and any other ministry/organization involved and each of their respective members, employees, officers, directors and representatives from any and all claims for any and all injuries, illnesses, losses or damages I might have on or in any way relating to such mission trip, including without limitation, those relating to me traveling to another state or leaving the United States of America and visiting foreign countries, including my stay in any state or such foreign country and my trip to and from any such state or country.

I further understand that the mission trip to the state or country of \_\_\_\_\_ on the dates \_\_\_\_\_ through \_\_\_\_\_ may expose me to unique hazards such as disease, dangerous environment and hostiles that might lead to serious illness, bodily injury or death. I release and forever discharge Pleasant Valley Baptist Church, my church, and any other ministry/organization involved and each of their respective members, employees, officers, directors and representatives from any and all claims, including claims of negligence or gross negligence, for any and all injuries, illness, losses or damages I might have on or in any way relating to such mission trip.

I am eighteen (18) years of age or older, and this RELEASE is binding on me and my executor, administrators, and heirs.

I give Pleasant Valley Baptist Church and its representative(s) with me on any such trip authority to request and authorize medical and/or hospital treatment for my benefit in the event of any injury or sickness sustained by me while on such mission trip, including, without limitation, while traveling to and from any other state or foreign country. I agree to pay for all such treatment and to reimburse Pleasant Valley Baptist Church for all costs and expenses incurred by it with respect to such treatment.

I have fully read the above and understand it.

Signature: \_\_\_\_\_

Acknowledgment:

STATE OF: \_\_\_\_\_

COUNTY OF: \_\_\_\_\_

The foregoing RELEASE was acknowledged before me this \_\_\_\_\_ day of

\_\_\_\_\_, 20\_\_\_\_, personally appeared

before me, whose identity I proved on the basis of \_\_\_\_\_.

(Notary seal)  
\_\_\_\_\_

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

My Commission expires:

**Form 5**

**ATTITUDE AND ACTIONS FOR OUR TEAM**

The following are necessary attitudes and actions that will contribute to a successful, God-honoring mission journey.

- Be thankful for the privilege of serving with a local pastor/leader.
- Respect the work in the country/state/city with the particular church (es) or person (s) with whom we are working.
- Respect the culture of the people in the city/country where you are working and refrain from actions that are inappropriate to the culture.
- Be open to other people’s methods and ideas.
- Refrain from political comments or discussions concerning our host culture’s politics.
- Develop and maintain a servant’s attitude toward all nationals and my teammates.
- Respect my team leader(s) and his or her decisions.
- Be positive in all conversations and actions.
- Be inclusive in all relationships without communicating a romantic interest with a national or team member.
- Abstain from the consumption of alcoholic beverages, the use of tobacco, or any behavior that may be disruptive to the purpose of the journey.

I have read and affirm these attitudes and actions.

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Form 6 PRAYER PARTNERS FOR \_\_\_\_\_  
(your name)

Prayer Partners are the key to the success of mission journeys. We encourage you to enlist as many prayer partners as you want. Please share with us a minimum of 10 prayer partners you have enlisted who have email addresses. If possible, we will be emailing prayer updates during your journey. You may also submit this information by email.

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Email address: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Email address: \_\_\_\_\_

3. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Email address: \_\_\_\_\_

4. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Email address: \_\_\_\_\_

5. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Email address: \_\_\_\_\_

6. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Email address: \_\_\_\_\_

7. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Email address: \_\_\_\_\_

8. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Email address: \_\_\_\_\_

9. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Email address: \_\_\_\_\_

10. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Email address: \_\_\_\_\_



Missions Committee/Finance Committee  
Giving Policy for Global Outreach  
Journeys

Contributor: \_\_\_\_\_ Project #: \_\_\_\_\_

Date: \_\_\_\_\_ Invited by: \_\_\_\_\_

**Statements for Contributors: Please choose only one option:**

A. I wish to contribute \$ \_\_\_\_\_ for the use of Pleasant Valley Baptist Church. This contribution is to be used toward the expenses associated with mission journeys, and I hereby relinquish all administrative and accounting control over this money.

B. I wish to contribute \$ \_\_\_\_\_ for the use of Pleasant Valley Baptist Church. This contribution is to be used only for the expenses of \_\_\_\_\_ (participant). I recognize that by designating my contribution for the use of a specific individual I will not receive credit for a charitable contribution from the church.

*I realize that if I chose option A, my statement for contribution may not be mailed until after the end of the year and statements are only issued for contributions over \$10. I also acknowledge that no goods or services were received for this contribution.*

\_\_\_\_\_  
(Contributor's signature)

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*For Office Use Only*

**Pleasant Valley Baptist Church • Liberty, Missouri**

**Application for Persons Who Work with Children and Youth**

This application is to be completed by all persons wishing to serve in any position with Pleasant Valley Baptist Church that involves working with children and youth. The intent of this application is to help the church provide a safe and secure environment for young people who participate in any of our programs. **As of 2009, a current copy of your Driver's License is required to process the application, please include.**

Date \_\_\_\_\_ Date of Birth \_\_\_\_\_

Full Name \_\_\_\_\_  
Last First Middle (Maiden)

Address \_\_\_\_\_ (County) \_\_\_\_\_  
City State Zip

Social Security # \_\_\_\_\_ DL# (if different) \_\_\_\_\_

Home Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_ ext. \_\_\_\_\_

Have you been convicted of a crime other than a minor traffic violation or are charges pending at the present time? \_\_\_No \_\_\_Yes If yes, please indicate the date and nature of the offense:  
\_\_\_\_\_  
\_\_\_\_\_

Are you currently under investigation or have you ever been investigated by the Division of Family Services (or any other social service agency) for child abuse and/or neglect or any criminal activity involving a minor? \_\_\_No \_\_\_Yes If yes, please indicate the date and nature of the record:  
\_\_\_\_\_  
\_\_\_\_\_

Are you a member of Pleasant Valley Baptist Church? \_\_\_No \_\_\_Yes Date joined \_\_\_\_\_  
How long have you attended Pleasant Valley Baptist? \_\_\_\_\_

**If you have attended less than six months, please use prior church staff person as one of your references on the following page.**

List the name, city, and state of other congregations you have attended regularly in the past 5 years:  
\_\_\_\_\_

In what **specific area** do you wish to serve as a volunteer in our church? \_\_\_\_\_

List any previous experience you have had working with children: \_\_\_\_\_  
\_\_\_\_\_

\*\*\*\*\*For Office Use Only\*\*\*\*\*

Ministry area \_\_\_\_\_ Submitted by ministry leader \_\_\_\_\_  
\_\_\_\_\_ Meets 6 month attendance requirement or waiver Date Received \_\_\_\_\_  
\_\_\_\_\_ Application complete Youth (Under 18) \_\_\_\_\_ Adult \_\_\_\_\_  
\_\_\_\_\_ Acceptable references

## REFERENCES

*Preferred references are leaders of church organizations in which you have served or former employers or co-workers. **Please do not use close friends, relatives or PVBC staff. Please fill out completely.***

Name \_\_\_\_\_

Name \_\_\_\_\_

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

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_

Telephone \_\_\_\_\_

Relationship \_\_\_\_\_

Relationship \_\_\_\_\_

Name \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_

Relationship \_\_\_\_\_

## APPLICANT'S STATEMENT

I authorize any references or churches listed in this application to give you any information, *including my prior volunteer screening documents* that they may have regarding my character and fitness for work with children and youth. I release all such references from any liability for any damage that may result from furnishing such evaluations to you excepting only the communication of knowingly false information. I further authorize PVBC to conduct a full background check through any service it chooses.

Please check one of the following:

I waive any right that I may have to inspect any information provided about me by any person or organization identified by me in this application.

I **do not** waive any right that I may have to inspect any information provided about me by any person or organization identified by me in this application.

**I have received and read the Child and Worker Protection Manual of Pleasant Valley Baptist Church, Liberty, Missouri, and agree to abide by it.**

I hereby certify that the above information provided by me is true and correct to the best of my knowledge.

**PLEASE ATTACH A COPY OF YOUR DRIVER'S LICENSE AND THE DFS FORM.**

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Approved: \_\_\_\_\_

Date: \_\_\_\_\_

Ministry

\_\_\_\_\_  
Administrator's Signature

Missouri State Highway Patrol / Missouri Department of Social Services  
**REQUEST FOR CHILD ABUSE OR NEGLECT / CRIMINAL RECORD**

TYPE OF SERVICE (Check only one) See reverse side for further instructions. <input type="checkbox"/> (1) Name Search - \$5.00 (Criminal record, offender registry, and child abuse search) <input type="checkbox"/> (2) Fingerprint Search - \$14.00 (Criminal record, offender registry, and child abuse search) <input checked="" type="checkbox"/> (3) DFS Central Registry Child Abuse Search Only - No Charge	TYPE OF DAYCARE PROVIDER <input type="checkbox"/> (1) License <input type="checkbox"/> (2) License Exempt <input type="checkbox"/> (3) Registered
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**IDENTIFYING DATA (Please type or print information legibly in ink.) The subject of the request must complete the next section and sign.**

APPLICANT'S NAME (Last, First, MI, Jr., Sr., III)				
MAIDEN NAME	DATE OF BIRTH (MM/DD/YY)	STATE OF BIRTH	SEX	RACE
ALIAS NAME(S)	SOCIAL SECURITY NUMBER	DRIVER'S LICENSE NUMBER / STATE		

ADDRESSES FOR PAST 5 YEARS							
STREET	CITY	(COUNTY)	STATE	STREET	CITY	(COUNTY)	STATE

Have you ever been found guilty to or been convicted of any criminal act in this state or any state?  
 YES (Complete section below)     NO, I have not been found guilty to or been convicted of any criminal offense in this state or any state.

DATE	CITY	STATE	COUNTY	CIRCUMSTANCES (Identify charges, attach separate page, if necessary.)

Have you ever been substantiated as a perpetrator in any child abuse or neglect report made to the Division of Family Services in this state or any state?  
 YES (Complete section below)     NO, I have not been substantiated as a perpetrator in any child abuse or neglect report.

DATE	CITY	STATE	COUNTY	CIRCUMSTANCES (Attach separate page, if necessary.)

**The information provided is complete and accurate to the best of my knowledge. I understand it is unlawful to withhold or falsify information required on this form. I grant permission to the Department of Social Services to obtain any and all information needed to process my request and to use the information as permitted by law.**

SIGNATURE OF APPLICANT (REQUIRED IN INK)	DATE
SIGNATURE OF REQUESTOR (Required in ink)	DATE
TITLE OF CHILD CARE PROVIDER	TELEPHONE
STATE AGENCY	STATE VENDOR OR CONTACT NO. (If applicable)

CHECK APPROPRIATE BOX

<input type="checkbox"/> CHILD CARE RELATED EMPLOYMENT	<input type="checkbox"/> DOH / CCB CHILD CARE BUREAU	<input type="checkbox"/> SCHOOLS / PUBLIC AND PRIVATE
<input type="checkbox"/> CHILD CARE RELATED VOLUNTEER	<input type="checkbox"/> DMH / DMH VENDOR	<input type="checkbox"/> DFS CONTRACT PROVIDER
<input type="checkbox"/> DFS LICENSURE	<input type="checkbox"/> HEALTH CARE	<input type="checkbox"/> OTHER _____

RETURN ADDRESS (REQUIRED ON EACH APPLICATION)  
 Complete your mailing label below  
 Confidential Mail

AGENCY NAME	Pleasant Valley Baptist Church
ATTENTION	Cheryl Leach
ADDRESS	1600 N 291 Highway
CITY, STATE, ZIP CODE	Liberty MO 64068

