



For official use only: Date _____

Approval ___ yes ___ no Mission Location: _____

Local/Global Mission Application for HopePark BCC

A Journey to: _____ Dates of Travel: _____

Personal Information

Full Name (as it appears on identification): _____

Passport Number: _____ Exp. Date: _____ Social Security #: _____
(if applicable)

Address: _____ City: _____ State: _____ Zip Code: _____

E-mail Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Date of Birth: _____

Emergency Contact: _____ Emergency Contact's Phone Number: _____

Beneficiary's Name: _____ Relationship to You: _____

Gender: _____ Age: _____ T Shirt size: _____

Church Involvement

HopePark Member: ___ HopePark Regular Attendee: ___ Other (Name of Church) _____

Are you an active member of a HopePark Home Group or Adult Bible Study? ___ Yes ___ No

If yes, what is your group leader's name so we may ask them for a reference? _____

Please list the ministries with which you have been involved at your church: _____

Have you ever been involved in any other mission initiative(s)? ___ Yes ___ No

If yes, briefly describe your involvement and where you served: _____

Contact: Colleen Gibson or Liz Perez
cgibson@hopepark.com • lperez@hopepark.com • 615.662.6136
www.hopepark.com

References

Please list one name of a church member (other than your group leader) who knows you and a peer who has known you for at least one year.

1. Name: _____ Email (or phone): _____

2. Name: _____ Email (or phone): _____

Biographical Information

Please share your salvation testimony. Include how long you have been a believer, how you were saved, and describe your walk with the Lord at the present time.

Please explain briefly how and why you believe God is leading you to participate in this journey. Also, describe how you hope to see the Lord work in and through you during this time.

Health Information:

How would you describe your present health? Excellent Good Average Poor

List any major illness(es) you have had in the last five years: _____

Are you presently under the care of a physician? Yes No If yes, please explain _____

List any medication you are taking: _____

List any allergies you have: _____

Blood Type: _____

Commitment:

If selected to be a team member on this journey, I commit to:

- Attend all four classes (March 29, April 19, May 3, May 31)
- Meet required financial obligations
- Prepare (*before leaving*), Encounter (*at location*), Change (*after return*)
- Conduct myself in a way that honors Christ while serving Him on the journey
- Submit to the authority of the team leader and/or the host on-the-field
- Refrain from behavior which may compromise my witness (abusive language, drug or alcohol use, smoking, etc.)
- Dress appropriately because I reflect Christ

Additionally, if at any time while on the journey my health (sick more than 12 hours) or disruptive behavior becomes a problem, the team leader has the right to ask me to return home. Any additional costs incurred as a result of this action will be at my own expense. No refunds will be given.

Signature _____ Date _____

Release Agreement:

I agree to release, discharge and hold harmless HopePark-BCC, its employees, agents and members from any and all claims or demands due to personal injury, illness, or death as well as any and all property damage sustained of any nature which may be incurred by me, whether in foreign or domestic territory, while participating in the above-referenced journey.

I hereby authorize the church or its representative to initiate any medically necessary care on my behalf in the event of my incapability to present myself for such care and agree to be financially responsible to any care provider and authorize the release of any necessary medical or insurance related information pertinent to the circumstances.

Signature _____ Date _____

Printed Name _____

Your opportunity to take faith, hope and love to the world is **now**. If you are feeling the tug to go, now is the time to begin freeing up your life—your calendar, your checkbook, and your heart—and to make the decision to join our teams for a life-changing experience.

*Please return this application to Contact: Colleen Gibson or Liz Perez
cgibson@hopepark.com • lperez@hopepark.com • 615.662.6136
www.hopepark.com*

Please complete the Talents, Skills and Abilities Inventory on the next page.

Talents, Skills and Abilities Inventory

Skill	Some Experience	Extensive Experience	Professional
Construction			
Concrete			
Masonry			
Electrical			
Plumbing			
Carpentry			
Roofing			
Drywall			
Stucco/Plaster			
Painting			
Floor layer			
Auto Repair/Maintenance			
Laboring (digging, lifting, etc.)			
Agriculture (farming, gardening, etc.)			
Computer programming/tech.			
Administrative Skills			
Writing Curriculum			
Pastor/Youth Pastor/Bible School Teacher			
Counseling / Social Worker			
Music/Worship Instrument: _____			
Financial Management			
Medical (note specialty)			
Beautician			
Teacher (note level)			
Culinary / Cooking			
Sewing			
Arts and Crafts			
Sports			
Parenting Skills			
Health and Hygiene			
Small Group Leader / Bible Study Group			
ESL Teaching			
Speak foreign language (Please note proficiency & fluency below)			

Please describe any of your talents, skills and abilities in further detail: _____

Any physical or other limitations we should be aware of: : _____
