



For official use only: Date \_\_\_\_\_  
Approval \_\_\_ yes \_\_\_ no Mission Location: \_\_\_\_\_

## Local/Global Mission Application for HopePark<sup>BCC</sup>

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 names of HopePark elders, staff members or ministry leaders that you've partnered with who would recommend you for this trip.

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 team meetings.
- 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](http://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: : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_