

National Baptist Congress Dream Makers Mission Trip Criteria and Application Process



MISSION THEME:

“Disciples of Christ”

“But you shall receive power when the Holy Spirit has come upon you, and you will be My witnesses in Jerusalem and in all Judea and Samaria, and to the ends of the earth.” Acts 1:8 ESV

Vision

“To allow servanthood opportunities for the young people within the National Baptist Congress of Christian Education (auxiliary of the National Baptist Convention, USA, Inc.).”

Purpose

The National Baptist Congress Dream Makers Scholarship was designed to provide educational opportunities to youth where the principles of discipleship would be actualized within two venues: 1) matriculation in higher education and 2) servant hood of Christ through a missionary assignment to Haiti.

Qualification for Application

The applicant must be a member from a church that is registered the year before and the current year of the application with the National Baptist Convention, USA, Inc. and the National Baptist Congress of Christian Education. Additionally, the applicant’s church must hold a current registration within their State Convention and State Congress (the year of application).

Criteria to Apply

1. Complete letter of interest explaining why you would like to serve on a Mission trip
2. Ability to share their faith – this must be displayed in a demonstrative presentation recording the applicant sharing the Plan of Salvation
3. Provide a background of church ministries and service work in the community
4. Willingness to provide a report to the Foreign Mission and National Baptist Congress of Christian
5. Copy of most recent physical that would immunizations, if accepted
6. Supply a copy of health insurance card (this may include obtaining a health insurance rider with the applicant's health plan)
7. Willingness to sign a waiver of liability for the mission trip
8. Permission slips from parents or legal guardian (inclusive of emergency contact information)
9. Letter of support from the pastor

Dream Makers Mission Application Form

Instructions:

1. Complete the Application Form.
2. Complete the Letter of Interest explaining why you would like to serve on a Mission Trip (letter should be at least 1 page, 12 font and double spaced).
3. Complete and submit video presentation "Sharing the plan of Salvation". (Electronic submission).
4. Attach a recent photo to the application. Additionally a quality copy of your passport (electronic submission).
5. Submit your Application to National Baptist Congress Dream Makers Mission on or before the deposit deadline. You can email your application to nationalbaptistdreammakers@gmail.com.
6. Deposit due application within 30 days of acceptance for Mission Trip . All deposits should be a cashier check or a money order and make it payable to National Baptist Congress Dream Makers Mission Trip).
7. Attach the Letter from your Pastor explaining their support for the applicant to attend this missionary trip.
8. Attach completed Waiver of Liability form
9. Attached completed Parental Permission Slip.
10. Attach copy of Medical Insurance card.
11. Application Deadline – December 1, 2015 – application is due

PLEASE NOTE:

APPLICATIONS WILL NOT BE ACCEPTED WITHOUT A PHOTO AND ALL REQUIRED DOCUMENTS! ALL DEPOSITS ARE NON-REFUNDABLE!

Once the Dream Makers Commission has received and reviewed the applicant's application, we will contact the applicant regarding the acceptance to the team. The Commission Team has the right to refuse acceptance of any team member and will discuss with the applicant any reasons for that refusal. **However, no refund of deposit to any team member who may change his or her mind to travel with the team.**

SPONSORSHIP: Everyone accepted to the team will be responsible to raise the needed support (\$1000) for the trip.

GENERAL INFORMATION: (Please print)

Name _____
(as printed on birth certificate or passport)

Address _____

City _____ ST _____ Zip _____

Home Phone (____) _____

Work Phone (____) _____

Cell (____) _____

Age _____ Male or Female? _____ Nickname (if applicable) _____

Citizen of what country? _____

Passport # _____ Expiration date of passport _____

Date of Birth _____ Marital Status _____

For those of you who do not have a passport now, you must apply for it and send us the information later. Visa may be necessary for some countries.

SPIRITUAL INFORMATION:

What is the name of your home church? _____

Address _____

Name of your pastor _____ Phone _____

Email Address _____

Have you participated in any Mission Trip? () Yes, () No If yes:

- a. When? _____
- b. Where? _____
- c. Name of group or church _____
- d. Name of group leader _____ Phone# _____
- e. Group Leader Email _____

What ministries are you involved with at your church? _____

Do you serve in any volunteer/leadership role in any ministry or outside the church? If yes, please explain: _____

What do you think your spiritual gifts are?

Please give two references who know you and your spiritual walk (name and phone#)

- 1. _____
- 2. _____

Describe how and when you came to know the Lord: _____

Have you been water baptized? _____

If yes, where and when? _____

WORK EXPERIENCE/TALENTS:

Please list any specific talents that you have (drama, singing, instruments, puppets, construction, medical, teaching, etc.)_____

Where are you employed? _____

Position? _____

How long? _____

3. Do you speak any foreign languages fluently? _____

4. What do you see as your strongest character quality and why?_____

5. What do you see as your weakest character quality and why?_____

HEALTH INFORMATION:

1. Do you have or have you ever had (check all that apply):

() Fainting Spells () Heart Problems () Diabetes () Seizures

() Eating Disorder () Respirator problems () Frequent and/ or severe headaches

() Nervous Breakdown () Mental Problems () Asthma () Allergies

() Hearing Difficulties () High/Low blood pressure () Breathing Problems

() Digestion Problems () Back or neck Problems () Others_____

If yes, please explain:_____

2. Do you have any condition which might affect your ability to fully function as a Missionary on this trip (i.e., fear of flying, depression, anxiety, sleeping disorders)?

3. Do you have any chronic illnesses or allergies? () Yes () No

If yes, please explain: _____

4. Are you presently under medication prescribed by a doctor?_____

5. Have you ever had any psychiatric care or treatment?_____

6. Does your health insurance cover you overseas?_____

7. How would you describe your health and fitness? () Excellent () Good () Average ()

PERSONAL INFORMATION:

1. What are your personal expectations for this mission trip?

2. If you are in a dating relationship with someone, is this person applying to serve on the same Mission team? _____

3. How does your family feel about you going on this trip? _____

4. Have you been involved with any of the following within the past year?
Alcohol? () Yes () No Illegal Drugs? () Yes () No
Tobacco? () Yes () No A Cult or the Occult () Yes () No
Criminal Activity () Yes () No

5. Have you been convicted of committing a crime? () Yes () No
If yes, please explain: _____

6. What are the most significant events that have occurred in your life in the past two years? _____

7. EMERGENCY NUMBERS:
Name _____ Relationship to you _____
Address _____
Phone #: Day _____ Night _____
Name _____ Relationship to you _____
Address _____
Phone#: Day _____ Night _____

National Baptist Congress Dream Makers Mission trip requires strict compliance with rules and regulations, including the rules concerning conduct, dress, and Christian lifestyle. These expectations will be explained in detail during Congress Foreign Mission class (Youth Division), which will be provided to accepted team members. Team members, leaders, and staff serve at their own risk, and National Baptist Congress Dream Makers Mission Team is not liable in the event of sickness, accident, death, or terrorist acts or for transportation and any other expense beyond normal involvement. We require all participants to be in good physical condition, and we may require a doctor's reference and exam.

I have read and understand the above information. The information I have given is accurate and true to the best of my knowledge. My signature signifies my approval of all limitations listed above.

Signature of Applicant: _____ Date: _____

Signature of Parent/Legal Guardian: _____ Date: _____

FOR DMSF USE ONLY

Date received _____

Decision regarding the application: () Accepted () Denied

Total cost for the trip: \$ _____

Comments: _____

National Baptist Congress Dream Makers Mission Trip Liability Waiver Form



To the best of my knowledge, I am in good physical condition and fully able to participate in this National Baptist Congress Dream Makers Mission trip to Haiti. I am fully aware of the risks and hazards connected with the participation in this mission trip, including physical injury or even death, and hereby elect to voluntarily participate in said mission trip and activities included within the trip, knowing that the associated physical activity may be hazardous to me and to my property. I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OR LOSS, PROPERTY DAMAGE, OR PERSONAL INJURY, INCLUDING DEATH, that may be sustained by me, or loss or damage to property owned by me, as a result of participation in this course.

I hereby RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE THE NATIONAL BAPTIST CONVENTION/NATIONAL BAPTIST CONGRESS OF CHRISTIAN EDUCATION. I, _____ release NATIONAL BAPTIST CONVENTION/NATIONAL BAPTIST CONGRESS OF CHRISTIAN EDUCATION from any and all liability, claims, demands, action and causes of actions whatsoever arising of or related to any loss, damage or injury, including death, that may be sustained by me, or to any property belonging to me, while participating in physical activity (National Baptist Congress Dream Makers Mission Trip), or while on or upon the premises where the event is being conducted.

It is my expressed intent that this release and hold harmless agreement shall bind the members of my family, if I am alive, and my heirs, assigns and personal representative, if I am deceased, and shall be deemed as a RELEASE, WAIVE, DISCHARGE, and COVENANT NOT TO SUE the above named RELEASEES. I hereby further agree that this Waiver of Liability and Hold Harmless Agreement shall be constructed in accordance with the laws of the [your state] _____.

In signing this release, I acknowledge and represent that I HAVE READ THE FORGOING Waiver of Liability and Hold Harmless Agreement, UNDERSTAND IT AND SIGN IT VOLUNTARILY as my own free act and deed; no oral representations, statements or inducements, apart from the foregoing written agreements have been made and I EXECUTE THIS RELEASE FOR FULL, ADEQUATE AND COMPLETE CONSIDERATION FULLY INTENDING TO BE BOUND BY SAME.

Student's Signature _____

Print Name _____

Date _____

Parent/Guardian's Signature _____

Print Name _____

Date _____

Event _____

National Baptist Congress Dream Makers Mission Trip Permission Slip



Date of trip	Date of Departure	Date of Return
August 2016 (tentative)	TBD	TBD

Location _____

Approximately number of children _____

Age of Children _____

Description of what children will be doing or where they will be going

I, _____ am the parent or legal guardian of _____ born on _____, 19____. I warrant that I possess all the rights, powers, and privileges of a parent or legal guardian necessary to execute this document with binding legal effect.

As the parent or legal guardian of _____, I certify and affirm that I have been completely and thoroughly informed that as a child attending _____, my child will participate in certain activities which carry with them a degree of risk and danger. I acknowledge and understand that _____ may offer other activities not listed above that present similar risks or dangers to my child. I consent to my child's participation in these activities. I acknowledge and understand that this PARENTAL AUTHORIZATION, CONSENT AND RELEASE has the same force and effect regardless of whether the activities engaged in are free or if a fee is charged. Further, I personally assume, on my child's behalf, all risk in connection with said activities for any harm, injury or damages that may befall my child as a

result of my child's participation in the activities, whether foreseen or unforeseen, and I still wish to allow my child to proceed with the activities.

In consideration of my child being allowed to participate in these activities and to use _____, equipment and facilities, on behalf of my child, I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless _____, from any and all claims, demands, or causes of action, which are in any way connected with my child's participation in these activities or use of _____, equipment and facilities. I understand that it is my obligation to inform the church of any and all health considerations or medical conditions that would restrict my child's participation in any and all activities while in the care of _____. Should the need for medical attention arise, the church will attempt to contact me as soon as practicable under the circumstances.

In cases of emergency, I further consent to the examination or treatment of my child by a physician duly licensed to practice medicine in the United States of America or any health care professional duly licensed to provide health care serviced in the United States of America for medical care and services deemed necessary by the doctor, its agents, servants, and employees. I give permission to the doctor or health care professional to provide any and all medical care they deem, in their professional opinion, to be necessary. I agree to pay for any and all medical expenses incurred as a result of the use of this consent.

I acknowledge by signing this document, that if anyone is hurt or property is damaged during my child's participation in these activities, I may be found by a court of law to have waived my right to maintain a lawsuit against the National Baptist Convention, USA, Inc. on the basis of any claim form which I have released them herein. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions remain in full force and effect. I have fully informed myself to the contents of this PARENTAL AUTHORIZATION, CONSENT AND RELEASE by reading it before I signed it.

Name of Applicant

Signature of Applicant

Signature of Parent or Legal Guardian

Printed Name of Parent or Legal Guardian

Date

Contact Number in case of an emergency

Notary Signature - **Must also be stamped by Notary**