***“Touching a life forever, with the love of Jesus Christ”***

***BCOM Application for Volunteer Mission Trip***

**Please note:** Applications for **BCOM mission trips** are only accepted with a **$1000.00** trip deposit attached to secure accommodation and other logistics.

Upon your acceptance, your deposit becomes non-refundable and will be applied to your total trip cost.

**Please complete application in print with ink.**

Please check the appropriate type of mission trip this application is for: ( ) **Short-Term** mission trip, less than one Month, or ( ) **Long-Term** mission trip, more than one month.

This application is for the following mission trip: ......................................................................................................

(Location/Dates of Trip)

Name of Church/Missionary/Missions Agency sponsoring trip: .........................................................................................

Please list any contact info available for sponsor: .............................................................................................................

Please explain the purpose of the mission trip: .................................................................................................................

AREAS YOU WOULD DESIRE TO PROVIDE YOUR EXPERTISE

……………………………………………………………………………………………………………………………………....

……………………………………………………………………………………………………………………………………....

() Male ( ) Female

Participant Name: ................................................................. Date of Application: ......................................................

(**As it appears on your passport**)

Address: .............................................................................................................................................................................

City/Town: ................................................ County: ............................................... Post Code: ..................................

Telephone *Home:* .................................*Work:* .......................................... *Mobile*: ........................................................

E-mail Address: .................................................................................................................................................................

Age: .............. Date of Birth: ................................................ Country of Citizenship: .....................................................

**Personal Information**

Do you have a passport? ( ) Yes ( ) No If no, applied for? ( ) Yes, on................................. ( ) Not Yet

Passport Number: ................................... Date of Issue: .......................... Date of Expiration: ....................................

.

Amount of money saved for the trip: ..................................................................................................................................

In case of emergency, please notify: ............................................ Relationship: ...........................................................

Address: .............................................................................................................................................................................

City/Town: ...................................................... County: .............................. Post Code: ................................................

Telephone *Home:* ................................. *Work: .................................. Mobile: ..............................................................*

Trip Insurance Beneficiary: .............................................. Beneficiary Date of Birth: .....................................................

Adult Marital Status (please check one): Spouse Name: ..................................................................................................

( ) Single ( ) Married ( ) Separated ( ) Engaged ( ) Widowed ( ) Divorced

Is your spouse supportive of you applying for this trip? ( ) Yes ( ) No If No, please attach explanation.

Names and ages of children, if applicable: ................................................................................................................................................................................................................................................................................................................................................................................

Please list your education background from most recent school attended, including high school. Sometimes this

information is helpful in determining various mission assignments in certain settings.

Name/Location Grade/Year Graduate Major/Minor Degree/Certificate

Please list your employment and/or volunteer experience below beginning with the most recent.

Employer: ............................................................ Length of Employment: ....................................................................

Title/Responsibilities: .........................................................................................................................................................

Employer: ............................................................ Length of Employment: ....................................................................

Title/Responsibilities: .........................................................................................................................................................

How would you describe your present health?

( ) Excellent ( ) Good ( ) Average ( ) Poor

**Education/Employment**

1. .......................................................................................................................................................................

2. .......................................................................................................................................................................

3. .......................................................................................................................................................................

**Health**

Please describe any major illnesses that you have had in the last five years: ........................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................

Are you presently under the care of a physician or taking any medication? ( ) Yes ( ) No If yes, please explain:

........................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................

Do you have any allergies? ................................................................................................................................................................................................................................................................................................................................................................................

Medical Insurance Information: ..........................................................................................................................................................

Insurance Company: ..........................................................................................................................................................

Member ID: ............................................ Group: .................................. Plan: ...............................................................

Do you speak any foreign languages? ( ) Yes ( ) No If yes, please list them and describe your level of proficiency:

................................................................................................................................................................................................................................................................................................................................................................................

Please indicate any skills, talents, spiritual gifts, or Christian ministry experience that you feel may be helpful on the field.

................................................................................................................................................................................................................................................................................................................................................................................

Please list previous mission experience. If multiple trips to same location, you may summarize as one. If additional spaces needed, please attach separately: *Country Church/Mission Organization Date of Trip Ministry*

**Gifts/Experience**

1.....................................................................................................................................................................

2.....................................................................................................................................................................

3.....................................................................................................................................................................

4.....................................................................................................................................................................

5.....................................................................................................................................................................

Write out your salvation testimony. Please include the scriptural basis for your assurance of salvation.

If additional space is needed for any questions, please attach to application.

*The first section may be skipped if you have already completed this application for a previous mission trip; however, please continue to answer the questions below.*

................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................

How have you seen God at work in your life since you became a Christian and in recent days?

................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................

Describe what you believe the Great Commission means for you personally.

................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................

How frequently do you have personal Bible study time and a time of prayer?

................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................

Why do you desire to be a part of Bethel Community Outreach mission team in Uganda?

................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................

**Spiritual Life and Goals**

What are your ministry goals for this trip?

................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................

How long have you attended River of God Church? ................................................ Are you a member? ( ) Yes ( ) No

If not a member of River of God, where are you a member? ..................................... How long? .................................

Church Address: ................................................................................................................................................................

**Note:** Attach a recommendation letter from your Pastor.

........................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................

**Other Information Needed:**

Do you use tobacco products? ( ) Yes ( ) No Do you drink alcoholic beverages? ( ) Yes ( ) No

Do you use illegal narcotics? ( ) Yes ( ) No Have you ever been convicted of child molestation? ( ) Yes ( ) No

If you become a part of a **BCOM** volunteer mission trip**, I make a commitment to:**

\* *Please check areas you agree to and sign at the bottom.*

( ) Faithfully go through the training process prior to departure

( ) Read and sign the team covenant and other paperwork as necessary, including a background check

( ) Raise the necessary prayer and financial support, meeting necessary financial guidelines

( ) Submit to the authority of both the trip leader and on-field host, respecting the culture of the host

( ) Speak and/or give a testimony while on the mission trip

( ) Commit to being involved in the report-back service after the mission trip and any post-trip debriefings

( ) Conduct myself in a manner worthy of the Lord while serving Him on the project, and

( ) Refrain from any behaviour which may compromise my witness (i.e. abusive language, drug use, etc.)

Additionally, if at any time while on the project my behaviour constitutes a problem, the team leader has the authority to ask me to return home. Any additional costs incurred as a result of this action will be my responsibility.

 Should any illness or medical emergency treatment be required, **I agree to pay all medical expenses not covered by my personal insurance.**

Participant Signature: ............................................................................ Date: ..............................................................

For Participants (17 and under):

Parent/Legal Guardian: .......................................................................... Date: .............................................................

Parent/Legal Guardian: .......................................................................... Date: .............................................................

**Once your application has been received and processed, a pastoral staff member of BCOM will contact you to discuss next steps and answer any questions you may have. Following this initial contact, you will receive a team training schedule if needed via whatsApp or any other social media**

I am submitting my application with the following:

( ) $2000 deposit ( ) other amount $..................... ($1000 minimum) ( ) full balance of $...............................................

USE THE ORGANISATION ACCOUNT IN UGANDA FOR INTERNATIONAL MONEY TRANSFERS.