

Black Rock Congregational Church
STAMP Application - Short Term Adult Missions Program

Location of trip for which you are applying _____
Leader of trip _____ Dates of trip _____

Personal Information

Name _____ M/F _____ DOB ___/___/___

Address _____
(Street) (City/State) (Zip)

Home # _____ Work # _____ E-mail _____

Passport # _____ Name as it appears on passport _____

Ministry Experience

Are you a member or attendee of BRCC? _____ Yes _____ No

If no, what church do you attend?

	Location	Date
List any past missions trip you have taken	_____	_____
	_____	_____

List other ministry experience (ex. Taught VBS at BRCC in 1996)

Spiritual Life

Have you accepted Jesus Christ as your personal Savior? (i.e. Are you a Christ follower?) _____ Yes _____ No
_____ Uncertain

Please briefly tell us when and how you came to accept the Lord into your life.

Please explain why you wish to go on this trip.

What do you feel is your spiritual gift (see I Cor. 12, Rom. 12)?

How do you think you would personally benefit from this trip?

Skills

Skills you have that can be used on this trip: ___ Carpentry ___ Electrical ___ Plumbing ___ Painting
___ Teaching ___ Computer ___ Photography
Music: ___ Voice ___ Song Leading ___ Instrument _____
Other: _____
List any foreign language(s) you speak _____

Health

How would you describe your current health? ___ Excellent ___ Good ___ Fair ___ Poor
Comments:

Are you on any prescription medication? ___ No ___ Yes (Please list) _____
Do you have any allergies? ___ No ___ Yes (Please list) _____
Health insurance company: Name _____ Policy No. _____

Financial Support

Participants are required to submit a \$100 nonrefundable deposit payable to BRCC. Funds must be raised through financial supporters. **Full payment** is due seven days prior to departure.

I accept the responsibility of raising or contributing the required funds for the trip. I understand that the entire cost of the trip must be submitted to BRCC seven days prior to the departure date.

Signed _____ Date _____

Prayer Support

Additionally, you will need to recruit eight prayer partners. List those eight people and indicate those who attend Black Rock by placing an asterisk (*) by their name.

Waiver

If accepted for this trip, I will participate voluntarily and of my own free will. I will not hold trip leaders, the sponsoring mission board, missionaries, or BRCC responsible for any accident, injury, illness or other personal loss that might result from this trip. I authorize trip leaders as my agents to consent to any emergency treatment that is necessary in the case of accident or illness which is deemed advisable. I will submit to trip leadership and maintain a cooperative spirit in all activities. To the best of my ability, I will participate in trip preparation and evaluation sessions. If I am receiving disability benefits, I will provide a letter from a physician stating activities in which I can participate. If I do not have health insurance coverage, I agree to purchase a policy specifically for this trip.

Signature _____ Date _____

Parent's Signature (if under 18) _____ Date _____

For Office Use Only

Date of Interview _____ Accepted _____