

**Black Rock Congregational Church
STAMP Application**

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 attender 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? _____ 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 from this trip?

Skills

Skills you have that can be used on this trip:

Carpentry Electrical Plumbing Puppets Clowning Language _____

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

You are required to raise funds through recruiting 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 _____