

Bridgeport STAMP Trip – Specific Application for Summer 2010

In an effort to plan each day according to the number of people please put down your names and what day's each person in your family is planning on attending. We will be meeting at Black Rock every morning at 8:30am and returning every afternoon at 4:00  
Please fill out and hand back in with your STAMP application.

**Name #1:** \_\_\_\_\_

**Name #2:** \_\_\_\_\_

**Name #3:** \_\_\_\_\_

**Name #4:** \_\_\_\_\_

This year our STAMP trip is going to be working with different local ministry partners. The week long trip will focus on both our local ministry partners and also specifically with Urban Impact in PT Barnum. We ask that you consider where you want to serve. The local ministry partners team will be His Mansion, Bridgeport Rescue, Pivot, and ReEntry and with these ministries for one day. The Urban Impact Team will spend the week focused on PT Barnum and will specifically run a VBS in the morning and paint apartments in the afternoon.

**On what team to you prefer to serve:**

**(Check One):**    **Ministry Partners**     **Urban Impact**     **Either**

Check what days you are coming:	#1	#2	#3	#4
<b>Saturday 24<sup>th</sup>:</b> -----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Sunday 25<sup>th</sup>:</b> -----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Monday 26<sup>th</sup>:</b> -----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Tuesday 27<sup>th</sup>:</b> -----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Wednesday 28<sup>th</sup>:</b> -----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Thursday 29<sup>th</sup>:</b> -----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Friday 30<sup>th</sup>:</b> -----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Saturday 31<sup>st</sup>:</b> -----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**(Note: Urban Impact will not have a project on Saturday the 31<sup>st</sup>)**

**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

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## For Office Use Only

Date of Interview \_\_\_\_\_

Accepted \_\_\_\_\_