



First Southern Baptist Church of Avondale

Dominica Mission Trip

Dominica Mission Trip | Tentative Dates January 13-21, 2017

Mission Trip Packet Instructions:

- Complete and submit all included forms with \$200 to reserve your spot.
- Submit completed forms to church office. You can mail them to FSBCA, 1001 N. Central Avenue, Avondale, AZ 85323, or hand deliver them Monday – Thursday during office hours (8:00 am to 4:00 pm) or hand deliver to Pastor Jack Marslender.
- FSBCA can provide a notary signature during office hours. Call Naomi at 623-932-2723 to make an appointment to have your forms notarized.
- In addition to this paperwork, a background check must be completed for every participant. You can access our form at www.fsbca.org/volunteerform.pdf. If you are a member of another church that has done a background check on you, we will accept their background check if they can supply us a copy of the file.

Packet Contents:

- Travel document information
- Contribution and supporter information
- Liability waiver
- Medical release form
- Emergency contact information

Deadlines and Costs

- All paperwork needs to be submitted by September 1, 2016, and preferably sooner. This includes . . .
 - This application (including travel document information, liability waiver, medical release form, and emergency contact information.)
 - Copy of passport.
 - Insurance Card.
 - Background Check
- The cost of the trip is estimated to be \$2700; final costs won't be known until later in 2016.
- We will not purchase your ticket until at least \$1200 has come in.
- The money is due according to the following schedule:
 - \$200 is due by June 1, 2016.
 - \$700 is due by August 1, 2016
 - \$1200 is due by September 1, 2016.
 - \$1700 is due by October 1, 2016.
 - \$2200 is due by November 1, 2016.
 - \$2700 is due by December 1, 2016.



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Travel Document Information

Full legal name: _____

Age: _____ Birthday: _____ / _____ / _____

Passport Information:

Passport number: _____

Passport Issue Date: _____ / _____ / _____

Passport Expiration Date: _____ / _____ / _____

Passport Issuing Authority: _____

Nationality: _____

Place of birth: _____

American Airlines AAdvantage Number: _____

Trusted traveler or global entry # (if you have one) _____

*****Please attach a copy of the informational page from your passport to these forms.***



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MISSION TRIP CONTRIBUTION INFORMATION

Contribution Checklist:

If you choose to write support letters and include the provided text about financial support, please go through the following checklist before submitting any contributions:

- Check is made payable to First Southern Baptist Church of Avondale.
- Check does not have anyone's name in the memo lines
- Check has the tax credit form attached to the back

It is vitally important that all three of these things are done before a check is turned in. Contribution and donation regulations are not created by FSBCA but are requirements of the IRS. We want to make sure that we are being faithful to abide by the law.

Once this is done, please turn in all checks to the Church Office. If you are mailing a check, please mail checks to the following address:

First Southern Baptist Church
1001 N. Central Avenue
Avondale, AZ 85323

To make sure we avoid confusion and stay organized, it is best to make sure that checks are turned into the office rather than the offering plate. If you have any questions, please feel free to contact Pastor Jack Marslender, pastor@fsbca.org, or 623-932-2723.

Use the next page as a guideline for contribution requests.



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Language for contribution request letters: Open your letter with a brief description of the trip and why you feel called to participate. If you choose to ask for financial assistance, please use the following language **as it is printed:**

If you choose to support me financially for this trip, please make your check payable to First Southern Baptist Church and send it to First Southern Baptist Church at 1001 North Central Avenue, Avondale, AZ 85323. **Please do not put my name on your check;** instead, please complete, sign and attach the form included with this letter to help the church organize and document your contribution.

Please attach this form to your check payable to First Southern Baptist Church

------(Cut on dotted line)-----

To whom it may concern:

Please accept my contribution payable to First Southern Baptist Church in the amount of \$_____. I understand and agree that FSBCA will decide the use of, and has all authority related to this contribution, however, I respectfully request that you consider using these funds to help offset the expenses of _____ for the Dominica mission trip.

Thank you for your consideration,

Signature _____

Date ____ / ____ / ____

___ I request tax credit for this contribution

___ I do not request tax credit for this contribution



First Southern Baptist Church of Avondale

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Waiver and Release | Part I

Short-term Missions Trip – Liability Waiver

In signing this form, I, _____ agree to hold harmless First Southern Baptist Church of Avondale, the Arizona Southern Baptist Convention, and their officers, employees, or agents from any liability for any injury, loss, damage, or accident that I might encounter while on a mission trip to Dominica, January 13-21, 2017.

I realize and acknowledge that my participation on a mission trip whether domestic or foreign includes some inherent risks and possible dangers. I am well aware that my travel, particularly, to a foreign country exposes me to such risks as accidents, disease, war, political unrest, injury from construction projects, and other calamities.

I hereby assume any such risks that might result from my participation and I unconditionally agree to hold the First Southern Baptist Church of Avondale, its officers, employees, or other agents harmless for any liability concerning my personal health and well-being, or any liability for my personal property that might be lost, damaged, or stolen while on a mission trip.

I certify that I am eighteen (18) years of age or older, or the parent/ guardian of the participant if under eighteen years of age, and this Liability Waiver is binding on me and my executor, administrators, and heirs.

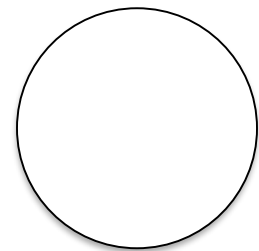
The parties to this Liability Waiver agree that the Bible commands them to make every effort to live at peace and to resolve disputes with each other in private or within the Christian church (see Matthew 18:15-20; 1 Corinthians 6:1-8).

Participant Signature: _____

Date: ____ / ____ / ____

Signature of Spouse (if not accompanying):

Signature of Parent/Guardian (if participant is under 18 years old):



(Notary Seal)

Notarization of Liability Waiver

To be completed by Notary Public

STATE OF _____ COUNTY OF _____ On the day of _____, 20____ before me, the undersigned, a Notary Public in and for said State, personally appeared _____ known to me to be the person/(s) who executed the above release, and acknowledged that voluntarily executed the same.

Notary Public in and for said State: _____

Date of expiration of Notary Commission ____ / ____ / ____



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Waiver and Release | Part II

Medical Release Form

I, _____ authorize Jack Marslender or Robert Pitts in the previously written order, to act on my behalf should I be unable to do so and to consent to all medical care and treatment, including but not limited to diagnostic test, x-ray examination, anesthesia, surgery, or other procedures for my medical well-being for the duration of the trip identified below.

Date of Trip: January 13, 2017 through January 21, 2017

Participant's Physician _____ Telephone (____) ____ - _____

Allergies and Medications _____

(Add any additional medical information on back of this form.)

I acknowledge that I am personally responsible for all expenses related to medical care.

Signature of Participant _____

Birthday ____ / ____ / ____

Date ____ / ____ / ____

Signature of Parent/Guardian (if participant is under 18 years old):

Date ____ / ____ / ____

****Attach a copy of the front and back of your insurance card.**

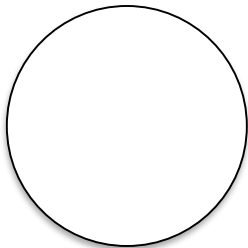
Notarization of Medical Release Form

To be completed by Notary Public

STATE OF _____ COUNTY OF _____ On the day of _____, 20____ before me, the undersigned, a Notary Public in and for said State, personally appeared _____ known to me to be the person/(s) who executed the above release, and acknowledged that voluntarily executed the same.

Notary Public in and for said State: _____

Date of expiration of Notary Commission ____ / ____ / ____



(Notary Seal)



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Waiver and Release | Part III

Emergency Contact Information

Contact #1

Name: _____

Home Phone Number (____) ____ - _____

Cell Phone Number (____) ____ - _____

Work Phone Number (____) ____ - _____

Email _____

Address _____

Contact #2

Name: _____

Home Phone Number (____) ____ - _____

Cell Phone Number (____) ____ - _____

Work Phone Number (____) ____ - _____

Email _____

Address _____

Contact #3

Name: _____

Home Phone Number (____) ____ - _____

Cell Phone Number (____) ____ - _____

Work Phone Number (____) ____ - _____

Email _____

Address _____