



SHORT-TERM MISSION PROJECT APPLICATION

THOMPSON STATION CHURCH

Please take a moment to fill out this application to help the GO Team learn about the trip you desire to take. While all information for trip may not be exact, please do your best to be as **informative** as possible! The GO Team will review the information provided, and will appoint a GO Team liaison for your trip if approved.

TEAM LEADER INFORMATION

Team Leader (person making request): _____
First Last
Phone Number: (_____) _____
Email: _____

PARTNERSHIP INFORMATION

Partnering Organization (if applicable): _____
Contact Name: _____
First Last
Contact Phone: (_____) _____
Email: _____
Organization Address: _____

Organization Website (if applicable): _____
Partnership's Purpose: _____

How Long have you partnered with
this organization? _____

TRIP PURPOSE/ITINERARY

Trip Dates: _____
Location: _____

Trip Purpose (Please be as thorough as possible in your explanation. If necessary, use extra sheets of paper for this question to fully inform the GO Team about this project.):

Brief Itinerary:

Financial Information

Total Estimated Cost **Per Person*** Please put N/A if cost does not apply to individual

Cost Breakdown Cost are estimates until the airfare is purchased

Airfare: \$ _____

In Country Cost

Hotel/Lodging \$ _____

In Country Fee \$ _____

Visa \$ _____

Travel Insurance
Please check a box: \$43.00 (Per Person if with TSC)

\$ _____ Name of Insurer: _____

On Ground Expense

Food \$ _____

Transportation \$ _____

Project Expense \$ _____

Total Paid to TSC \$ _____

Cost Does not include (suggested amounts of cash to bring for these items below):

Souvenirs \$ _____

Extra Snacks & Drinks, etc. \$ _____

Food in Airports \$ _____

Shots *

Passports *

Other: _____

*It is expected that each trip will cover its own cost. If additional monies are needed, a request must be made to the GO Team using the GO Team Financial Assistance Application Form. Also, please note that all fundraising activities need the approval of the Missions Pastor before they are announced.

Important Dates

Commitment Date: _____

Firm Commitment & Deposit Due: _____

Maximum Number in Team: _____

Minimum Age Requirement: _____

Please indicate what training you and your team will be doing:

TSC Mission Trip Training Date: _____

Video: _____

Workbook: _____

Other: _____

For all mission trips- include information on support raising, financial policies, and GO Team guidelines for all TSC trips

Cross Cultural Training Session: _____

Purchase Plane Tickets (Full Airfare Due): _____

Passport Due to get Visas (if applicable): _____

Strategic/Logistic Training Session: _____

Full Payment Due: _____

Frequently Asked Questions

Is this area safe to travel to? YES or NO
If No, Explain:

What will the food be like? _____

What will our accommodations be like? _____

What will the weather be like there? _____

Are there health or healthcare implications? YES or NO
If Yes, Explain:

Will I need any immunizations? YES or NO

Immunizations Required: _____

Immunizations Recommended: _____

How long is the travel? _____

How will your team raise the money? _____

Do special Visas need to be acquired? YES or NO

Will you have any emergency protocol in place? YES or NO *Please use the contingency form and turn in

What is the Minimum age limit? _____

Who has determined the age limit? _____

Are there any physical limitations for this trip? YES or NO
If Yes, Explain:

Short-Term Trip Financial Assistance Form

THOMPSON STATION CHURCH

If necessary, please take a moment to fill out this application form to request help from the GO Team for any extra amount that you may need for your trip. Please remember that it is the team leader's responsibility on any trip to do your best to budget for the total amount needed by pricing your trip adequately. All requests made by the use of this form will be received and reviewed by the GO Team and the Missions Pastor. Amount needed is not guaranteed.

Team Leader (person making request): _____
First Last

Trip Dates: _____

Location: _____

Mission Trip Account #: _____

Will you need the allotted Team Funds: YES or NO

Office Use Only # _____

Approved On: Date: _____

Amount Allotted: \$ _____

Declined:

Extra amount needed for trip \$ _____

Office Use Only # _____

Approved On: Date: _____

Amount Allotted: \$ _____

Declined:

Office Use Only
Total Amount to Transfer \$ _____

Please explain in a few sentences the reason for this Extra amount needed as well as other avenues that were explored to raise this amount. If the money is needed for an individual, please make sure to include their name as well as all support methods used by this person in order to raise money for the mission's project listed above:

Team Leader's Signature: _____ Date: _____

Mission Pastor Signature: _____ Date: _____

CONFIDENTIAL
CONFIDENTIAL



TSC MISSIONS

Background Check Authorization

If you are 18 years or older please click on the link below (or go to the website listed) to get started with your background check. A background check is required or to be renewed every 3 years. Please check with the TSC office if you are not sure or think you might be due for a background check. If you are due for one, complete steps 1-4 below.

1. Click on the link: <https://www.ministryopportunities.org/ThompsonStation>
2. Fill out the information form
3. You will receive the Disclosure and Authorization Statement (printing is optional)
4. Once you complete the form you will receive an "Application Complete" statement. Please print this off and return to the Mission Office with this form.

The information contained in this application is correct to the best of my knowledge. I hereby give Thompson Station Baptist Church and its designated agents and representatives the right to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of the consumer report/ investigative consumer report may include, but is not limited to the following areas: verification of social security number; current and previous residences; employment history, employment credit history, education background, character references; drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records. I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me, to Thompson Station Baptist Church or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources. I hereby release Thompson Station Baptist Church the Social Security Administration, and its agents, officials, representative, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may, at any time, result to me, my heirs, family, or associates because of compliance with this authorization and request to release.

I understand that I have the right, upon written request made within a reasonable amount time after the receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report to Protect My Ministry, LLC., 14499 N. Dale Mabry Hwy., Suite 201 South, Tampa, FL 33618 or 1-800-319-5581. For information about Protect My Ministry's privacy practices, see www.protectmyministry.com

By signing this form, you state that you have completed the background check process.

Print Name: _____

Signature: _____

Date: _____

Office Use Only:

Last background check: _____

Next background check due: _____

Checked by: _____



**thompson
station**
CHURCH

Sexual Abuse Prevention Policy

At Thompson Station Church it is our desire to provide an environment of care and safety for minors and vulnerable adults while in the care of our volunteers and employees. We will make every effort to safeguard these individuals as well as the ministries of Thompson Station Church.

We have drafted this sexual abuse prevention policy, coupled with our current screening process and procedures, to provide awareness and direction for appropriate conduct to employees and volunteers in all ministries. Volunteers and employees must agree to the following:

1. Volunteers and employees engaged in any activity involving a minor (any person under the age of 18) or vulnerable adult must agree to be screened. The screening process includes a criminal background check, as requested by Thompson Station Church and an interview with a TSC staff member.
2. To abide by Thompson Station Church ministries handbook, policies, and covenant given to them at the time of acceptance of the position.
3. To ensure that at least two screened adults are present at every function and in each classroom, vehicle, or other enclosed area during all activities involving minors or vulnerable adults.
4. To meet or counsel with an adult person of the opposite sex only when there is another screened adult present.
5. To meet with a minor or vulnerable adult, male or female, in an open, public, or otherwise accountable setting and only when there are a minimum of two adults present, one of which must have gone through the screening process.
6. To immediately report suspected or inappropriate sexual behavior to their supervisor or pastoral staff person who will ensure appropriate steps are taken and legal authorities are contacted.

Print Name: _____

Signature _____ Date _____

Office Use Only:

Last background check: _____

Next background check due: _____

Checked by: _____