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| **MARKHAM CHINESE BAPTIST CHURCH MISSION BOARD** Short-term mission MCBC logoTeam Member application | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Basic Requirements** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. A born again Christian, baptised, who shows evidence of a saving relationship with Jesus Christ and love for the teaching in the Bible. 2. Have a growing heart to follow Christ by serving in mission. 3. An active congregation member (prior to STM application), regularly attending MCBC for more than 2 years (or another church in the case of an out-of-town student). 4. At least 16 years of age, and has parental / guardian consent if under the age of 18. 5. Demonstrated spiritual maturity and have active serving experience at home church. 6. Have references from 2 church leaders (including the divisional pastor). 7. Recommendation by the STM team leader. 8. A signed application form completed in full. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Financial Support Guidelines** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Category** | | **Description** | | | | | **Funding Guidelines** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Group 1**  Home Team | | STM plan initiated and directed by MCBC | | | | | 1. Up to 50%/50% funded by MCBC   First and 2nd timers attending MCBC-sponsored STM programs   1. Up to 75%/25% funded by MCBC   Third time attending MCBC-sponsored STM programs and thereafter   1. Up to 100% funded by MCBC   Trip leaders, full-time students and pastoral staff who are first-time or repeat goers   1. Team leaders may request for additional funding for the purchase of needed materials, supplies and equipment related to the STM   (Special consideration may be given to those who require funding support above the prescribed levels.) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Group 2**  Partnered Team | | An MCBC team joining an external mission organization | | | | |
| **Group 3**  Individual Sponsorship | | Individual sent via an external entity | | | | | * Up to 50% of the total cost of the trip per year, and not exceeding a maximum of $900 per year. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **application deadline** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Applications must be received no later than 6 weeks before the commencement of the trip.  No one will be considered or accepted to the mission team for financial funding until a completed application has been received by Mission Board.  **Note:**  If a completed application form has been submitted for another trip in the same year, only Parts I, III, IV, VI and the release form are mandatory. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| The information in the completed form is used solely for the purpose of assessing the application and record-keeping by the team leader and the Mission Board. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **part I - APPLICANT** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name: Click here to enter text. | | | | | | | | | | | | | | | | | | | | Age: Under 18 | | | | | 18-25 | | | | | 26-55 | | | Over 55 |
| Address: Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Phone (Home): Click here to enter no. | | | | | | | | (Cell): Click here to enter no. | | | | | | | | | | | | | | | E-mail: Click here to enter text. | | | | | | | | | | |
| Occupation (if student, year and field of study): | | | | | | | | | | | Click to enter text | | | | | | | | | | | | | | | | | | | | | | |
| How long have you been a Christian? Click to enter text | | | | | | | | | | | | | | | | Have you been baptized? Yes  No | | | | | | | | | | | | | | | When: MM / YYYY. | | |
| How long have you been attending MCBC? | | | | | | | | | Click to enter text. | | | | | | | | Which MCBC congregation do you attend? Choose an item. | | | | | | | | | | | | | | | | |
| Member of MCBC? | | | | Yes  No | | | | | | | | | If yes, how long? Click here to enter text. | | | | | | | | | | | | | | | | | | | | |
| **part II – spiritual life** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Describe your personal prayer and devotional life? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Have you been regularly attending worship services in the last 24 months? | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | | | |
| Have you been regularly participating in Sunday school/bible studies/fellowship/small groups? | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | | | |
| Are you currently serving at MCBC? | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | | | |
| Describe your most active service and what has the Lord taught you through this service? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Have you been praying about God’s call to this trip? What have you learned from this experience? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **part III – the short-term mission** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of Short-term Mission: | | | | | | Click to enter text. | | | | | | | | | | | | | | | Dates of Trip: | | | | | | | Click to enter text. | | | | | |
| Mission Location(s): | | | | | | Click to enter text. | | | | | | | | | | | | | | | Name of Team Leader: | | | | | | | Click to enter text. | | | | | |
| Do you have a specific role in the team? | | | | | | | | | Yes  No | | | | | | | | | | | | | | | | | | | | | | | | |
| If yes, please describe: | | | | | Click to enter text | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| How has Christ worked in your life that called you to attend this mission trip? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| What skills, talents, training or gifts do you have that might be useful in this trip? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Have you attended any short-term mission? | | | | | | | | | | Yes  No | | | | | | | | | | | | | | | | | | | | | | | |
| If yes, identify the most recent 3 trips (year/organization/location): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **part iv - funding request** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Budgeted Per Person Cost (PPC) of the STM:** | | | | | | | | | | | | | | **$Click here to enter text.** | | | | | | | | | | | | | | | | | | | |
| Please check off the category applicable to you (refer to funding guidelines on page 1): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Category** | | **Description** | | | | | | | | | | | | | | | | | | | | **MCBC /**  **Personal Share** | | | | | | | **Personal Share Cost** | | | | **Check that applies** |
| Home / Partnered Team  (Group 1/2) | | 1st and 2nd time attending MCBC-sponsored STM | | | | | | | | | | | | | | | | | | | | Up to 50% / 50% | | | | | | | $Click here to enter amount. | | | |  |
| 3rd time attending MCBC-sponsored STM, and thereafter | | | | | | | | | | | | | | | | | | | | Up to 75% / 25% | | | | | | | $Click here to enter amount. | | | |  |
| Team leaders, full-time students, pastoral staff who are first-time or repeat goers to MCBC-sponsored STM | | | | | | | | | | | | | | | | | | | | Up to 100% MCBC funded | | | | | | | $Click here to enter amount. | | | |  |
| Individual Application (Group 3) | | Individual participation in an external mission team | | | | | | | | | | | | | | | | | | | | MCBC funds up to 50%, and not exceeding $900/year | | | | | | | $Click here to enter amount. | | | |  |
| If you have special financial needs and wish to request for additional support, please identify amount required and why: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| * STM participants are encouraged to do their best to contribute financially on a voluntary basis and to raise support by sharing their calls, prayer requests and financial needs for the STM team with their network of friends and families. * MB provides a substantial portion of the PPC from the Mission Fund. Team members are responsible to provide or raise the remaining cost. * STM participants are to give their personal self-funded share of the STM cost (by cheque or cash) payable to MCBC, with a memo on the cheque or offering envelope noting for Mission Fund and the name of the STM. Money are to be collected by the team leader/treasurer who will forward to MB, or to be deposited into the church’s offering box no later than a week prior to departure. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **part v – emergency contacts** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name: Click to enter text. | | | | | | | | | | | | Relationship: Click here to enter text. | | | | | | | | | | | | | | Phone: Click here to enter no. | | | | | | | |
| Address: Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **part vi - referenceS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| * List the names and contact information of two leaders at MCBC (or another church if out of town students) who can recommend you. * Please ensure that you have the agreement of the individuals to be your reference prior to submitting their names. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Reference #1** (preferably pastor of applicant’s serving division or ministry) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name: | Click to enter text. | | | | | | | | | | | | | | Position: | | | Click here to enter text. | | | | | | | | | | | | | | | |
| Phone: | Click here to enter no. | | | | | | | | | | | | | | E-mail: | | | Click here to enter text. | | | | | | | | | | | | | | | |
| **Reference #2** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name: | Click to enter text. | | | | | | | | | | | | | | Position: | | | | Click here to enter text. | | | | | | | | | | | | | | |
| Phone: | Click here to enter no. | | | | | | | | | | | | | | E-mail: | | | | Click here to enter text. | | | | | | | | | | | | | | |
| **part viI – commitment** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I will be open to learn from God in all situations. I will submit to the guidance of the Holy Spirit and strive to exhibit godliness in actions and in words. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | |
| I am willing to work under the direction of the team leader, and do my best in performing the assigned work. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | |
| I commit to attending all meetings and training before, during and after the trip. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | |
| If there are any unavoidable absences, I will clear this with the team leader. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | |
| I am prepared to participate in debriefing meetings, and provide my input and reflection in a post-trip evaluation form. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | |
| I commit to taking full responsibility for my own health and safety during the entire mission experience. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | |
| I understand that if I am terminated from the team for reasons of misconduct, dishonesty or withholding information, I forfeit all rights to any funds granted by MCBC. I will return home at my own expense. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | |
| **part viii - Signature** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I hereby confirm that the information presented in the application is true to the best of my knowledge. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature: | | |  | | | | | | | | | | | | | | | | | | | | | Date: | | | Click here to enter date. | | | | | | |

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| MCBC logoshort-term mission trip release form | | | | | |
| **short term mission trip** | | | | | |
| **Year** | | **Organizer** | **Location** | | |
| Click to enter year. | | Click to enter text. | Click to enter text. | | |
| **Name of Participant** | | | Click to enter text. | | |
| Recognizing the privilege afforded me to serve as a member of the subject Short-Term Mission Team, and being fully aware of the risks to person and property that could result from this mission trip, I, the undersigned, do hereby release MCBC, its employees and representatives here and abroad from any and all claims and responsibility to and from me, my heirs, executors and representatives, for personal injury, death or property damage, loss destruction of whatever nature, which may in any way arise out of, or be connected with this activity.  I hereby attest by my signature that I fully understand the terms of this release and submit to the above stated voluntarily.  I further agree that while as a member of the subject Short Term Mission Team, that I will abide by the rules of MCBC and/or its representatives, and that if for any reason the representatives of the program find cause to terminate my term of service, I will submit to that discipline and will return immediately to my residence, and will reimburse MCBC and/or the programme organizer for any additional cost that results from such return transportation. | | | | | |
| Signature of Participant: | | | | Date: |
|  | | | | Click here to enter date. |
| If you are under the age of 18, parent/guardian signature is required. | | | | |
| Signature of Parent/Guardian: | | | | Date: |
|  | | | | Click here to enter date. |
| Name of Parent/Guardian: Click here to enter text. | | | Relationship: Click here to enter text. | |
| Email: Click here to enter text. | | | Phone: Click here to enter no. | |
| Address: Click here to enter text. | | | | |