

Application for Southeast Kentucky Mission Trip 2025November 5-8, 2025

| Name |
|--|
| Address |
| Cell Number E-mail |
| Have you ever been on a mission trip? Yes No If yes, give location(s) and year(s): |
| Why do you feel like God is leading you to go on this mission trip? |
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| Are you a member of Snyder Memorial Baptist Church? Yes No Are you actively involved with any ministries of Snyder? If so, what ministries? |
| What are you praying you will learn from this mission trip? |
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MISSION TEAM COVENANT

Snyder Memorial Baptist Church

701 Westmont Drive, Fayetteville, NC 28305 (910) 484-3191

Country: US Trip Dates: November 5-8, 2025

As a member of this team I agree to:

Team Covenant:

- Respect the thoughts and ideas of my hosts and team members. I will not dominate conversations or interrupt others when they speak, and will be patient and respectful of differing opinions. Basically respect my teammates and leaders
- Remember not to be exclusive in my relationships and make every effort to interact with all team members.
- Attend mandatory Short Term Mission Training, as well as follow-up meetings. Teammates should actively participate in discussions.
- Participate in the Debriefing activities (journaling and discussion). Morning devotionals and nightly debriefings are mandatory.
- Keep confidential discussions and personal information shared among team members.

Personal Covenant:

- Remember that I am representing Snyder Memorial Baptist Church and, more importantly, Jesus Christ. I will seek to model Jesus in my behavior and attitude.
- Be in prayer for my teammates, team leaders and hosts.
- Refrain from criticism and gossip about our host(s) and my teammates.
- Refrain from complaining, as I recognize that travel can present unexpected and undesirable circumstances; instead of complaining, I will be flexible, constructive and supportive.
- Refrain from any activity that could be construed as a special or romantic interest to a national or teammate.
- Abstain from the use, purchase and possession of alcoholic beverages, tobacco and illegal drugs from the beginning of the trip to the end, including at the departure airports and in route.

Cultural Sensitivity:

- Remember that I am a guest visiting at the invitation of my hosts. I will respect their culture without judgment.
- Remember that I have come to learn as well as to share. I will resist the temptation to inform our hosts about "how we do things". I will be open to learning about other people's methods and ideas.
- Respect others' view of Christianity in the context of their culture. I recognize that Christianity has many faces around the world, and that the purpose of this trip is to share the love of God and to experience faith lived out in a new setting.
- Dress modestly, and to only bring luggage and possessions that are determined by the Mission Ministries to be appropriate for the service needs of the mission and the country's culture.
- Develop and maintain a servant's attitude toward all nationals and my teammates. I will demonstrate that I am there to serve others and share Christ, while learning and developing relationships.

| I have prayerfully considered my participation with the Missions teams, and if selected, will | |
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| pledge my full and committed involvement. I also understand that I can be sent home if there i | S |
| a breach of this Covenant. | |

| Signature | Date | |
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MEDICAL/PERMISSION RELEASE

Snyder Memorial Baptist Church

701 Westmont Drive Fayetteville, NC 28305 (910) 484-3191

| Country: US | | Trip Dates: | November 5-8, 2025 | | |
|---|--|--|--|--|--|
| Name | | Age | Date of Birth | | |
| Address | | | Zip | | |
| | | | Cell # | | |
| | | | | | |
| | | | | | |
| Relationship | F | Phone Number | | | |
| Do you have any partcula | r health problems? Yes | No | | | |
| Describe: | | | | | |
| Medications (currently us | | | | | |
| | | | | | |
| Allergies (food & medicat | ion) | | | | |
| Date of last Tetanus Shot | | | | | |
| injury to my property or any process and expenses. This wait willingly for the purposeshere discharge, indemnify and fore | personal injury that I may sust ver, release and indemnity aga ein above stated. By my signa ever hold Snyder Memorial B y and all causes of action aris | stain while involve greement is fully un ture, for myself, n aptist Church witl | and responsibility for any damage or d in this project, and related medical aderstood by me and I enter the same by estate and my heirs, I release, in it's officers, agents, servants, and cipation in this project, and travel or | | |
| Signature | | | _ Dated | | |
| Witness | | | Dated | | |
| Medical Insurance Comp | any | | | | |
| | | | | | |
| Policy Holder's Social Sec | curity Number | | | | |
| Insurance Address | | | | | |