



**Bellwether's Vision is: Raising Leaders who Raise Families who Raise the Kingdom.**

**RAISE** is how we live out our vision.

**We believe anyone** – anyone – can be a leader for Christ. Jesus can RAISE a person up to new life. The Holy Spirit can work through that one person to change the life of their Family, and the world for His Kingdom.

However, we believe a leader for Christ should begin to live differently. They should take on spiritual disciplines – which become habits – which become character – which becomes their life. This is what we call RAISE. Each letter in RAISE represents a discipline – something you should do – to further your walk with Christ and let the Holy Spirit work in you.

**R** is "Rise with God" or your own personal devotion time.

**A** is "Accept Your Family Role." To give to your family: as husband, wife, parent, brother, or sister.

**I** is "Invest in a Church." We believe people need to be part of a body, a community, a church. And once they feel called to a place, to give of themselves in some form of service to it.

**S** is "Share in a Group." Although someone is in a larger church, everyone needs a smaller group to grow, learn, and be accountable to.

**E** is "Extend Ourselves Out." Ultimately, Jesus calls us to go. In our Christian life, we are to reach out and extend ourselves: to people in our church, to those who don't know Christ, and to a world in need.

Trip to which you are applying: Destination: \_\_\_\_\_ Date(s) \_\_\_\_\_

**PERSONAL INFORMATION** *(Fully complete the entire application. Applications remain valid for calendar year 2014)*

Legal Name (First, Middle, Last) \_\_\_\_\_ Nickname \_\_\_\_\_

Name as it appears on passport (Exactly) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Email \_\_\_\_\_ SSN # \_\_\_\_\_

Driver's License # \_\_\_\_\_ Passport # \_\_\_\_\_ Exp. \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

If Student – last grade completed \_\_\_\_\_

Bellwether/Attendee Yes \_\_\_ No \_\_\_ If Not What Church do you attend? \_\_\_\_\_

**PARTICIPATION AGREEMENT**

By signing below, the participant (or parent/guardian if participant is a minor) acknowledges and accepts the risks of physical injury or property damage associated with participation in the mission trip whether in foreign or domestic territory. The participant (or parent/guardian) accepts personal financial responsibility for any bodily or personal injury, or property damage sustained during a mission trip. Further, the participant (or parent/guardian) promises to hold harmless the sponsoring organization and its representatives for any injury related to the activity. Additionally, this signed application conveys your permission for Bellwether Church to purchase airline tickets and make other lodging and/or transportation arrangements on your behalf. By signing below, you agree to pay Bellwether Church for the cost of the trip and/or for all expenditures made on your behalf, even if you cancel. Most airline tickets are non-refundable. If airline tickets are purchased on your behalf, and then you cancel, you agree to pay the full price of the airfare. You will receive any credit issued by the airline. If you cancel after airline tickets are purchased you may be able to apply for airfare reimbursement if the reason for cancellation is in accordance with the airline's policy.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent or Guardian** \_\_\_\_\_ **Date:** \_\_\_\_\_

(If participant is under 18 years of age, an additional signature is required by a Parent or Guardian)

**MEDICAL INFORMATION & RELEASE**

Name on Passport \_\_\_\_\_

Passport # \_\_\_\_\_ Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ DOB \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Medical Insurance Co. \_\_\_\_\_ Policy / Group # \_\_\_\_\_

PLEASE BE ADVISED THAT EACH TRIP MAY HAVE REQUIRED SHOTS. FOR ALL PARTICIPANTS, IT IS STRONGLY SUGGESTED THAT YOU MAINTAIN AN UPDATED TETANUS SHOT FOR ALL DESTINATIONS.

Year of any Immunizations: Tetanus \_\_\_\_\_ Hep A \_\_\_\_\_ Hep B \_\_\_\_\_ Typhoid \_\_\_\_\_ Malaria \_\_\_\_\_

Food Allergies: \_\_\_\_\_

Drug allergies (name): \_\_\_\_\_

Allergic reactions to insect stings/bites \_\_\_\_\_ Poison oak, ivy, sumac \_\_\_\_\_

List any possible conditions or complications if current or prescribed medication is missed or not taken during portions of the trip:

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ARE THERE ANY MEDICAL CONDITIONS, PHYSICAL, MENTAL OR EMOTIONAL THAT COULD POSSIBLY POSE A CHALLENGE UNDER STRESSFUL SITUATIONS? YES or NO (Circle one)

I grant permission to the team leader(s) in charge of the trip to make provisions for any medical care which may be deemed necessary, and make any other decisions or give any other consent which may be necessary, for my health or welfare at any time, whether in foreign or domestic territory, for the duration of the trip. I understand that should a health emergency arise, the emergency contact will be notified, but if they cannot be reached by phone, the leader(s) should act as my agent to consent to any treatment deemed advisable by a physician or medical personnel. I agree to be financially responsible to any care provider and authorize the release of necessary medical or insurance related information. I/we, the undersigned, do hereby release, remit and forever discharge team leaders and trip sponsor from any and all claims, demands, actions or cause of action, past, present, or future arising out of any damage or injury while participating in the event.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent or Guardian** \_\_\_\_\_ **Date:** \_\_\_\_\_

(If participant is under 18 years of age, an additional signature is required by a Parent or Guardian)

### **EMERGENCY CONTACT INFORMATION**

**In case of emergency notify:** \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Relationship to you: \_\_\_\_\_

How can they best be reached: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Work: \_\_\_\_\_ Other: \_\_\_\_\_

E-mail address \_\_\_\_\_

### **COVENANT AGREEMENT**

I will conduct myself in a manner that glorifies God at all times: Yes \_\_\_\_\_ No \_\_\_\_\_

I will maintain unity and peace and keep an open mind: Yes \_\_\_\_\_ No \_\_\_\_\_

I will be aware of safety issues and obey all rules of confidentiality and security: Yes \_\_\_\_\_ No \_\_\_\_\_

I will pray for my team and will enlist others to pray for me also: Yes \_\_\_\_\_ No \_\_\_\_\_

I will abstain from the use of alcohol while on the trip: Yes \_\_\_\_\_ No \_\_\_\_\_

I agree to be responsible for the acquisition and payment of all trip costs and will abide by deadlines, rules and policies listed below: Yes \_\_\_\_\_ No \_\_\_\_\_

- Bellwether does not provide financial assistance nor does it provide assistance in raising financial support for anyone participating in a short-term mission trip that is not sponsored by Bellwether. Bellwether cannot serve as a conduit of funds for individuals to other mission agencies or as a legitimizing agent for those activities.
- The trip leader will publish the due dates and amount due for trip costs at least 2 weeks in advance of that payment due date and will follow up with anyone who is at risk of missing the payment due date.
- If monies are not received by the established due date, then monies on deposit up to that point will be refunded if possible. (Some funds are non-refundable after a certain date)
- Should a person cancel their trip after Airline tickets have been purchased for the trip, the cost of the ticket cannot be refunded. The person will be given their physical ticket at that point to deal with as they choose and refunded any additional money on deposit for the balance of trip expenses (less any non-refundable expenses).

- The Trip Leader, working with others to be as accurate as possible, will establish the total trip cost. Should there be any excess funds left over at the end of the trip, they will not be refunded, but rather will go into the Bellwether Church Mission Fund for future use as deemed appropriate by Staff

PLEASE CONTACT ME, TABOR WEISSINGER, WITH ANY QUESTIONS OR CONCERNS,  
IN CHRIST,

*Tabor*

*601-832-7299*

*Tabor.Missions@gmail.com*

*Bellwether Methodist Church*



## SAMPLE FUNDRAISING LETTER

Dear \_\_\_\_\_,

I am thrilled and feel blessed that I have been given the opportunity to serve on a volunteer missions team to \_\_\_\_\_ (location) on \_\_\_\_\_ (dates). I will be joining a team of \_\_\_\_\_ (number) people from Bellwether Church in Jackson, MS. Along with my team members, I am now preparing myself physically and spiritually for this trip. We will be ministering to the physical and spiritual needs of the people while there (you may want to specify some of the ministry to be done).

The cost of the mission trip per person is \$\_\_\_\_\_. In addition to what I am able to provide myself for this cost, I am trusting God to help provide for the trip expense through friends and family members. If you would like to help me with the expense of this mission project, I would be deeply grateful.

When considering a donation for my trip, please do keep in mind that your first fruits should always go to your local church.

Should you be able and feel led to help me participate in this project, please make checks payable to Bellwether Church and mail to: Bellwether Church, PO Box 16782, Jackson MS 39236. Please put my name and the destination of my trip on the "Memo" line on the check. I must have all monies by \_\_\_\_\_ (deadline date).

If you cannot help financially, please be a prayer partner for me as I prepare and then journey to \_\_\_\_\_ (country).

Love in Christ,