

**CHINESE BIBLE CHURCH OF MARYLAND (CBCM)  
SHORT-TERM MISSIONS TRIP APPLICATION**

Date: \_\_\_\_\_ Application No: \_\_\_\_\_  
(To be completed by MD)

**SECTION I: (Use a separate sheet of paper to answer Questions 5-8 if needed)**

1. Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

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

Phone: \_\_\_\_\_ email: \_\_\_\_\_

2. Place of employment or school: \_\_\_\_\_

Job Title or grade level if fulltime student: \_\_\_\_\_

Work Phone: \_\_\_\_\_

3. Trip Destination: \_\_\_\_\_ Trip Dates: \_\_\_\_\_

Name of Sponsoring Organization: \_\_\_\_\_

Trip destination contact information in case of emergencies:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ email: \_\_\_\_\_

4. US contact information in case of emergency:

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

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

Daytime phone: \_\_\_\_\_ Evening phone: \_\_\_\_\_

5. List ministries you have been involved in within and outside of CBCM in the last 12 months.

6. Describe the goals, ministries of this missions trip and your role on the missions team.

7. State the reason why you want to be on this short term missions trip.

8. State the concerns you may have and prayer requests about going on this trip.

9. Are you applying for financial support from CBCM(up to 40%)?

10. Are you planning to raise fund for this trip?

**I have read and consent with the Short Term Missions Guideline (page 5).**





## Claim Release and Medical Release Form

This release form is pertinent to the Short-term missions trip to \_\_\_\_\_, dates of the trip \_\_\_\_\_

I do hereby for and on the behalf of myself and my heirs and legal representatives release and forever discharge the Chinese Bible Church of Maryland, its leaders, committees, and representatives and their successors and assignees, of and from any and all claims and demands of every kind, nature, and character which I may have or hereafter acquire for any and all losses, damages, or injuries which may be suffered or sustained by me in connection with my activities during the period for which such permission is granted and any period traveling to or from the event described, and all such claims are hereby waived and released, and I covenant not to sue therefore.

I give my permission to those in charge to take any steps necessary to stop bleeding and to administer first aid. In the event of a medical emergency where I am incapacitated, I give my permission to those in charge to authorize the following treatment(s) on my behalf:  
an x-ray examination, anesthetic, medical, dental or surgical diagnosis, treatment, hospital care, the administration of drugs or specialized supervision upon advice of a duly licensed physician and/or surgeon.

Name of Applicant (please print) \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

For applicants under the age of 18:

Name of Applicant's Parents (both) / Legal Guardian \_\_\_\_\_  
\_\_\_\_\_

Relationship to Applicant \_\_\_\_\_

Contact Telephone \_\_\_\_\_

Signature of Applicant's Parents (both)/Legal Guardian \_\_\_\_\_

Date \_\_\_\_\_

## STM Guidelines (do NOT submit with application)

1. Follow application process (Ref. Missions Policy Section 7.4)
2. Training requirement (need to repeat class every three years; exempt after taking two classes)
3. Need to submit itinerary with airline ticket receipt when ticket is purchased
4. No per diem claim
5. No mileage reimbursement (only gas & toll)
6. No phone purchase (MD will provide phone if needed)
7. Material (book, DVD, etc.) purchases: need to be pre-approved by MD
8. Fund raising is allowed, but CBCM will not accept checks that are designated to individuals (to be consistent with church policy)
9. Non-reimbursed STM expenses are tax deductible
10. No claim for medicine/medical expenses except for required vaccination
11. Travel insurance – highly recommended for overseas trips. Insurance cost is eligible for CBCM subsidy.
12. Waiver form (age 18 or younger – need to be accompanied by adults for trips outside United States)
13. Receipts – **receipts are required for expenses over \$50**
14. No 100% ministry expenses
15. Meal treats to locals – **shared by team members and eligible for subsidy within reasonable amount**
16. No claim for gifts & donations
17. No claim for personal side trip (any destination which is not part of the MD approved trip route)
18. No claim for sightseeing
19. No “part-time” participation unless approved by the MD and team lead
20. No community service credits for students
21. Need to pay off all debts – no bills to CBCM from anyone other than team members
22. No subsidy for children of STM participants rising K-G5
23. Clarify up to 40% subsidy – based on “actual” cost; issued to individuals and NOT to missions organizations
24. No subsidy for personal luggage fee
25. To serve in Children’s ministry, background check may be required for age 18 and up. The applicant needs to submit the application form through Children’s Director. The MD will pay the background check fee. See below for background application form.

CHINESE BIBLE CHURCH OF MARYLAND  
4414 Muncaster Mill Road  
Rockville, Maryland 20853  
301-924-4855

## Volunteer Authorization to Release of Background Information

In connection with my application for volunteer service with CHINESE BIBLE CHURCH OF MARYLAND, I authorize CHINESE BIBLE CHURCH OF MARYLAND and, or, **IntelliCorp Records, Inc.**, their agent, to solicit background information relative to my criminal record history. I understand that CHINESE BIBLE CHURCH OF MARYLAND may conduct inquiries into my background that may include criminal records and other public record reports pertaining to me.

**I authorize without any reservation, any person, agency, or other entity contacted by CHINESE BIBLE CHURCH OF MARYLAND or IntelliCorp Records, Inc., their agent for purposes of obtaining background report information, to furnish the above-mentioned information.**

I release CHINESE BIBLE CHURCH OF MARYLAND, their respective employees or **IntelliCorp Records, Inc.**, their agent and employees and all persons, agencies and entities providing information or reports about me from and all liability arising out of furnishing any such information or reports. All information provided by you will be treated highly confidential.

**Requested by: Children's/Youth Department at CBCM**  
**PLEASE PRINT INFORMATION BELOW**

FULL LEGAL NAME \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(month)(day) (year)

OTHER NAMES USED \_\_\_\_\_ SSN: \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
(Including maiden name)

Current  
Address \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_  
How long at this address? (Months/Years) \_\_\_\_\_

Previous  
Address \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_  
How long at this address? (Months/Years) \_\_\_\_\_ (in the US only)

Most checked e-mail address: \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Thank you for applying to serve in the ministry at CHINESE BIBLE CHURCH OF MARYLAND!