To: Interested *Adults, Families & Youth [Grade 6 and Up]*Greetings in Christ!!

Attached, you will find several pieces of information regarding our **Specific Spring Hills MISSION Experiences**.

We are seeking The Lord's leading in each aspect of these experiences. Thus, please take a moment to examine the packet, pray about your participation and if necessary, contact us with any outstanding questions.

If interested in applying, please submit the following APPLICATION PACKET to the Spring Hills Office by the Trip Deadline of that specific trip. Then, join us at the FIRST INFORMATIONAL TEAM MEETING of that Specific Spring Hills Trip.

Until all have heard,
Gary W. Kirkpatrick <"{{><
Pastor of Missions & Children
740.587.1200 garyk@springhillschurch.org

SHBC Mission Trips often emphasize Evangelism, humanitarian aid, prayer walking, leadership training, light construction, congregational encouragement, community service, children's ministry and medical support.

The entire trip cost for each trip is the responsibility of each participant. Monthly payments are collected; understanding dollars submitted can come from three areas:

- A. <u>Personal Funds:</u> Payments made from our own savings and work-related efforts.
- B. <u>Support Letters:</u> Through the leading of His Spirit each participant can prayerfully consider inviting others to supply donations [relatives, friends and businesses].
- C. <u>Team Fund-Raising:</u> Events and activities scheduled, held and offered to engage Christian Community in awareness, prayer support and financial contribution.

MISSION PARTICIPANT AGREEMENT

**Due at First Called Team Meeting

After di	scussion with fam	ily, prayer and the leading of God, I
[we] fu	lly support my [ou	r] participation in the Spring Hills
	Trip Entitled:	
I [We] t		ng our signature[s] below, indicate
1.	Attend all planning in advance of the	ng meetings, or contact Pastor Gary ir absence.
2.	Complete the Mis	ssion and Bible study materials.
3.	Maintain the mo	nthly payment plan.
4.	God-at-work arou	relationship with Christ by joining and me through consistent Bible sensitivity to His Presence.
	Spouse/Parent	date
	Participant[s]	date

SHBC Team Participant Application: **Due at First Called Team Meeting

>>		<<
NAME:		
	DOB:	
TELEPHONE:	EMAIL:	
Please share the reasons yo project:	ou believe God is calling you to be involved with th	nis short-term
Please describe any previou part of:	us local, national and international mission experio	ences you were ar

Please describe fro (Socially, spiritually		you could	be an asset	on the short-	term tean

Please evaluate yourself according to the following criteria:

Quality		Wea	ak		Stron	g
1	Serving	1	2	3	4	5
2	Social Sensitivity	1	2	3	4	5
3	Energy Level	1	2	3	4	5
4	Teachable	1	2	3	4	5
5	Flexible	1	2	3	4	5
6	Healthy	1	2	3	4	5
7	Communication Skills	1	2	3	4	5
8	Adventuresome	1	2	3	4	5
9	Response to Authority	1	2	3	4	5
10	Coping Skills	1	2	3	4	5
11	. Dependable	1	2	3	4	5

Do you consider areas do you see			nristian? H	ow do you vi	ew your stre	engths? Wi
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Please describe any health concerns that the team should know. Please include comments which also include: personal sleep requirements, ability to handle fatigue, need for personal space and solitude, allergies, ongoing medical concerns, current medications, heat and sun sensitivity, food sensitivities, areas of physical or emotional limitation:
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Please include two character references:
Name:
Address:
Telephone:
Name:
Address:
Telephone: