

# NC Baptist Men Student Missions



## Mission Team Leader Packet

# Mission By the Sea

## **Purpose:**

To reach the people of the Outer Banks of North Carolina with the Gospel of Jesus Christ through the partnership of Ocean View Baptist Church, North Carolina Baptist youth groups, and North Carolina Baptist Men.

## **Costs:**

### **Lodging Costs**

Mission Teams will help cover the cost of the added utilities of Ocean View Baptist Church during their stay at the mission house. Each participant will contribute \$12 per night to Ocean View Baptist Church. Mission Teams should make lodging check payable to Ocean View Baptist Church and bring this with them to the mission site.

### **Insurance Costs**

Each participant will be required to purchase Travel Accident Insurance through NC Baptist Men from Adams and Associates. The cost will be \$5.00 per participant per week. Insurance and T-shirt payment can be made in one check made payable to NC Baptist Men and should be received 2 weeks prior to your mission week in order to process the forms in time for your week.

### **Food Costs**

Mission Teams will be responsible for providing their own food. Ocean View Baptist Church has a kitchen facility where teams will be allowed to prepare meals if they choose.

### **Transportation Costs**

Transportation costs to and from Kill Devil Hills and to and from the daily mission sites will be the responsibility of the participating mission team.

### **Mission T-Shirt Costs**

NC Baptist Men Student Missions 2009 T-Shirts are available for \$7.00 each. Each team leader should submit a T-Shirt order form to NC Baptist Men at least 2 weeks prior to your mission week in order to receive the shirts in time for your mission week. Mission Team Shirts are optional. Insurance and T-shirt payment can be made in one check made payable to NC Baptist Men and should be received 2 weeks prior to your mission week in order to process the forms in time for your week.

### **Mission Project Costs**

In most cases Mission Teams will need to provide the materials and resources for the projects they will be involved in during the week. There will be times when other resources are provided. This will be determined in advance of the Missions Teams arrival.

**Projects:**

Projects types available at Mission By the Sea are many. Projects will be determined by matching the gifts of the Mission Team and the needs and availability of Ocean View Baptist Church. Mission Teams will be asked to complete a gift survey and mission experience form to help determine what types of projects are a good fit for the week.

**Dress Suggestions:**

Please remind your students and adult leadership that this week is a mission trip in which they are helping sow the seeds of the Gospel of Jesus Christ. Everything your group does, says and wears could potentially impact the ministry in Kill Devil Hills. Do not let your students or adult leadership wear clothing that promotes, advertises or suggests anything offensive or illegal. Students and adult leadership should not wear clothing that is suggestive or draws attention to the person wearing the clothing. Remember our purpose is to draw people's attention to God and not ourselves. While we respect the autonomy of your church in making appropriate decisions as it pertains to clothing, we would ask you to remember that this ministry is a partnership effort between Ocean View Baptist, NC Baptist Men and your church.

**Check-in and Check-out:**

Check-in and check-out times are to be worked out between the Mission Team Leader and the on-site coordinator in Kill Devil Hills. While times are flexible we suggest that your group check-in between 3:00 and 5:00pm on Sunday afternoon and check-out no later than 10:00am on Saturday morning. Mission Teams will need to clean the mission house before leaving. Cleaning will require sweeping and or vacuuming, cleaning the bathrooms and kitchen and removing all trash from the mission house.

**Free Time:**

Mission Teams will coordinate their mission project locations and times with the on-site coordinator. Mission Teams will have the opportunity to visit some of the local historical and fun attractions in the area. For ideas about places to visit while on the Outer Banks Mission Team leaders are encouraged to visit the Chamber of Commerce website at [www.outerbankschamber.com](http://www.outerbankschamber.com). Please make sure you coordinate your free time activity within the free time arranged with the onsite coordinate. While we encourage groups to take advantage of the attractions of the Outer Bank, this is a mission trip and missions should take priority over site seeing and fun activities.

**Background Checks:**

Please see the following three pages concerning background checks.

## **IMPORTANT INFORMATION CONCERNING BACKGROUND CHECKS**

We live in a world of liability issues unparallel to any other time in our history. Because of this all daycares, schools, churches, and ministry centers are instituting liability and release policies. The Baptist State Convention of North Carolina is no different.

As of May 10, 2004, the Baptist State Convention instituted a new policy concerning volunteers that work with preschool, children and youth at Baptist State Convention of NC events and programs.

Because all the youth and adults on your mission team could possibly come in contact with other children or youth, we must ask that all youth and adults participating in this mission project complete the enclosed forms and mail back to North Carolina Baptist Men, Attn: Kecia Morgan, PO Box 1107, Cary, NC 27512, no later than 4 weeks prior to your mission trip date. Please make copies as needed.

- Adults (youth 18 and older included) complete Attachment I
- Youth under 18 must have their parents/guardians complete Attachment II
- Everyone youth and adult must complete Attachment III

We realize that this puts additional work on you as a leader. This is something that many of the groups at the Baptist State Convention of NC have been doing for years, but now it has become a convention wide policy. Thanks for your understanding. If you have any questions please call me at 1-800-395-5102, ext. 5626 or email me at [msowers@ncbaptist.org](mailto:msowers@ncbaptist.org).

Sincerely,

Mike Sowers  
Student Mission Mobilization Consultant  
North Carolina Baptist Men  
Baptist State Convention of North Carolina

**AUTHORIZATION AND RELEASE**

I authorize the Baptist State Convention of North Carolina or any agent of the Baptist State Convention of North Carolina (collectively “the Convention”) to obtain records related to me from criminal justice agencies and/or to obtain a consumer report from a consumer reporting agency or other agency. I understand that the information obtained may include, among other things, information regarding criminal convictions and charges. I understand that this information will be obtained for the purpose of determining my suitability to volunteer in the capacity designated below. I hereby release the Convention from any liability in obtaining and utilizing such information.

I hereby authorize any party or agency contacted by the Convention to furnish the above-described information, and I release from liability any party or agency who provides such information to the Convention.

I understand that failure to provide all or part of the information requested below may result in my disqualification as a volunteer. This release shall be effective on the date of its execution and shall remain effective through the term of my volunteer service for any future background checks that may be performed by the Convention.

I certify that I am at least 18 years old.

Convention Group/Team North Carolina Baptist Men

Position (if applicable) \_\_\_\_\_

Print Name (Full Name); \_\_\_\_\_

Other Names Used (Include Maiden): \_\_\_\_\_

Date & Place of Birth: \_\_\_\_\_

Driver’s License #: \_\_\_\_\_ State: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

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

Previous Addresses (Past 10 years): \_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Phone No. (h) \_\_\_\_\_ (w) \_\_\_\_\_

**ATTACHMENT II**

**AUTHORIZATION AND RELEASE**

I, \_\_\_\_\_, a legal custodial parent/guardian of \_\_\_\_\_ (“my Child”), a minor child, authorize the Baptist State Convention of North Carolina or any agent of the Baptist State Convention of North Carolina (collectively “the Convention”) to obtain records related to my Child from criminal justice agencies and/or to obtain a consumer report from a consumer reporting agency or other agency regarding my Child. I understand that the information obtained may include, among other things, information regarding criminal convictions and charges. I understand that this information will be obtained for the purpose of determining my Child’s suitability to volunteer in the capacity designated below. On behalf of my Child, I hereby release the Convention from any liability in obtaining and utilizing such information.

On behalf of my Child, I hereby authorize any party or agency contacted by the Convention to furnish the above-described information, and I release from liability any party or agency who provides such information to the Convention.

I understand that failure to provide all or part of the information requested below may result in my Child’s disqualification as a volunteer. This release shall be effective on the date of its execution and shall remain effective through the term of my Child’s volunteer service for any future background checks that may be performed by the Convention.

Convention Group/Team North Carolina Baptist Men

Position (if applicable) \_\_\_\_\_

Print Name of Child (Full Name); \_\_\_\_\_

Other Names Used by Child (Include Maiden): \_\_\_\_\_

Date & Place of Birth of Child: \_\_\_\_\_

Child’s Driver’s License #: \_\_\_\_\_ State: \_\_\_\_\_

Child’s Social Security Number: \_\_\_\_\_

Child’s Current Address: \_\_\_\_\_

Child’s Previous Addresses (Past 10 years): \_\_\_\_\_

\_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Printed Name of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

Phone No. (h) \_\_\_\_\_ (w) \_\_\_\_\_

**Expectations and Acknowledgement**

In compliance with the expectations of the ministries of the Baptist State Convention of NC, I agree to the following behavioral guidelines in my responsibilities with children and youth.

I will exhibit character and lifestyle in a Christ-like manner at all times, including personal behavior, moral conduct, sexual lifestyle, and devotional practice:

- I have a love for the children and youth and have a desire to see them come to know and grow in God.
- I will speak kindly and use language that conforms to Christian standards.
- I will show respect for the beliefs and feelings of the children, youth, and other adults.
- I will show respect to the property of the facility as well as the property of others.
- I will not consume alcohol or illicit drugs while engaged in this ministry or event.
- I will dress appropriately, using the dress guidelines suggested by the ministry/event, or if such guidelines are not provided, using good judgment as a positive role model for the children or youth.
- I will provide a safe environment for the children/youth.
- For both my protection and the minor's protection, I will make every effort not to be alone with a child or youth without another adult present.
- I will touch children and youth appropriately, being sensitive that there may be those who may have abusive backgrounds.

I do not have any of the following that would exclude me from working with minors:

- An illness or disease that may affect my work with children or youth.
- A conviction of a criminal offense.
- Been held liable to a court for a civil wrongdoing or an order made against me by a matrimonial or family court.
- Been dismissed, disciplined, moved to other work or resigned from any paid or voluntary work as a result of complaints, charges or allegations that my conduct resulted in any kind of harm to children or youth.

I agree to the above behaviors and know of no reason outlined above or otherwise that would keep me from ministry with children and youth.

Printed Name \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Note Any Disclosures Here:** \_\_\_\_\_

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**PARTICIPANT MEDICAL FORM (Page 1 of 2)**

NAME \_\_\_\_\_ AGE \_\_\_\_\_ DATE OF BIRTH \_\_\_/\_\_\_/\_\_\_ SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Parents Name \_\_\_\_\_ PHONE ( ) \_\_\_\_\_ - \_\_\_\_\_

Mailing Address \_\_\_\_\_

In case of emergency notify: \_\_\_\_\_ PHONE ( ) \_\_\_\_\_ - \_\_\_\_\_ Relation \_\_\_\_\_

NAME OF CHURCH \_\_\_\_\_ PHONE ( ) \_\_\_\_\_ - \_\_\_\_\_

**MEDICAL PROFILE**

GENERAL HEALTH (check one) \_\_Excellent \_\_Good \_\_Fair \_\_Poor

If FAIR or POOR please explain condition \_\_\_\_\_

LIST ANY MEDICAL DIFFICULTIES FOR WHICH YOU ARE CURRENTLY BEING TREATED \_\_\_\_\_

LIST ANY MEDICINES OR SUBSTANCES TO WHICH YOU ARE ALLERGIC \_\_\_\_\_

LIST ANY MEDICATIONS YOU ARE CURRENTLY TAKING \_\_\_\_\_

LIST ANY PREVIOUS OPERATIONS OR SERIOUS ILLNESSES \_\_\_\_\_

LIST ANY SPECIAL DIET (for medical purposes) \_\_\_\_\_

CHECK CHILDHOOD DISEASES:

[ ]CHICKEN POX [ ]MEASLES [ ]MUMPS [ ]WHOOPING COUGH [ ]OTHER

(list) \_\_\_\_\_

DATE OF TETANUS IMMUNIZATION: \_\_\_/\_\_\_/\_\_\_

FAMILY PHYSICIAN \_\_\_\_\_

**INSURANCE INFORMATION**

INSURANCE COMPANY \_\_\_\_\_ POLICY # \_\_\_\_\_

SUBSCRIBER NAME \_\_\_\_\_ DOB of Subscriber \_\_\_\_\_

SUB. # \_\_\_\_\_

PLACE OF EMPLOYMENT \_\_\_\_\_ OCCUPATION \_\_\_\_\_

WORK PHONE NUMBER ( ) \_\_\_\_\_ - \_\_\_\_\_ OTHER CONTACT NUMBER ( ) \_\_\_\_\_ - \_\_\_\_\_

**PERMISSION TO TREAT AND PHOTO/VIDEO NOTICE**

My permission is granted for the STAFF, CHURCH OFFICIAL, or ADULT present or in charge to obtain necessary medical attention in case of sickness or injury to my camper. I also understand that as a participant, my child may be photographed or videotaped during the normal DEEP IMPACT camp activities and these photos/videos may be used in promotional materials.

I, the undersigned, do hereby verify that the above information is correct and I do hereby release and forever discharge all sponsors, the Baptist State Convention of North Carolina and their employees and North Carolina Baptist Men from any and all claims, demands, actions or cause of action, past, present, or future arising out of any damage or injury while employed by or participating in DEEP IMPACT.

-Please complete and sign below (students under 18 years of age requires parent/custodial signature-

**PARTICIPANT MEDICAL FORM (Page 2 of 2)**

PARTICIPANTS SIGNATURE \_\_\_\_\_ DATE \_\_\_/\_\_\_/\_\_\_

PARENT/CUSTODIAL SIGNATURE \_\_\_\_\_ DATE \_\_\_/\_\_\_/\_\_\_

PARENT/CUSTODIAL NAME (print) \_\_\_\_\_

**NOTARY PUBLIC**

On this the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, personally appeared before  
me \_\_\_\_\_,

Personally know by me, and in my presence executed the within an foregoing permission and release  
form.

Witness my hand and official seal this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

My commission expires \_\_\_\_\_

\_\_\_\_\_, Notary Public.

**\*Please photo copy the student's insurance card front and back below.**

**Please bring completed medical forms with you to the mission week and make sure a copy of  
the form is with the leaders responsible for each youth at all times.**

# NC Baptist Men Student Missions T-Shirt Order Form

Please fill out and return one T-Shirt order form per church.

CHURCH NAME \_\_\_\_\_

LEADER'S NAME \_\_\_\_\_

Size	Shirts (\$7 each)
SM (adult)	_____
MED (adult)	_____
LG (adult)	_____
X LG (adult)	_____
XX LG (adult)	_____
Totals	_____ X \$7 = _____ total due

**YOU MUST RETURN THIS FORM 2 Weeks Prior to your missions week date TO ASSURE THAT YOUR GROUP WILL RECEIVE SHIRTS in time.**

**Please send full payment for additional shirts with this form.**

Mail this information to North Carolina Baptist Men, PO Box 1107, Cary, NC 27512 attn: Kecia Morgan