

## REQUIRED FORMS FOR MISSION TRIPS & VOLUNTEER SCREENING PROCESS

1. GBA Background Checks and all forms related to the screening of volunteers are valid for **four (4) years**. Volunteers **MUST** be re-screened according to IMB requirements.
2. Online background checks for volunteers are NOT required for individuals under 18 years of age. However, **they must complete** all reference forms, personnel interview form, and other required forms.
3. Volunteers must sign a Background Check Authorization Form or complete the GBA Volunteer Registration Form to authorize online background checks through Protect My Ministry. We prefer all volunteers to complete the registration form for our records.
4. Each volunteer must complete one (1) Personal Interview Question Form. This information is kept in strict confidence. Only the DOM sees this information.
5. Each volunteer must have 3 references submitted to the GBA office.
  - a. Two reference forms must be completed by individuals who **are not related by family** to the volunteer.
  - b. One reference form must be completed by the **pastor of the church** where the volunteer is a member.
  - c. When the church is without a pastor, a staff person or chairman of deacons may complete the reference form.
  - d. In cases where the pastor of the church is a mission volunteer participating in the mission trip, a staff person or chairman of deacons may serve as a reference for the pastor, or the DOM.
6. The Responsibility Release form must be completed by each volunteer. In the case of a minor under age 18, the form must be notarized.
7. Every volunteer must have an online background check performed through the GBA office. The cost is \$8.50 each. We cannot accept outside background checks. The exception is a GBA church-led trip. The church must complete the requirements as provided in the Policies & Procedures Manual.
8. In the case of a minor, an Authorization for Minors to Travel form must be completed and notarized when no parent travels with the minor or only one parent travels with the minor.
9. For International Mission Trips, the Gibson Baptist Association requires all volunteers to watch "Keeping Children Safe and Secure" which is a video produced by IMB. <https://vimeo.com/352326511> The volunteer will inform the GBA office when the video has been viewed, so that the DOM and team leader know the requirement has been met. The volunteer will sign a verification form provided by GBA.
10. A registration form (for international or national Wingo funds) must be completed by all volunteers and provided to the GBA.

# Volunteer Registration Form

## International Mission Trips – IMB

Gibson Baptist Association - P.O. Box 186 - Trenton, TN 38382

### General Information – PLEASE PRINT

Name: \_\_\_\_\_ (As appears on Passport) DOB: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year  
Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ E-Mail address: \_\_\_\_\_ @ \_\_\_\_\_  
Social Security: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Driver's License Expiration Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year  
Driver's License # \_\_\_\_\_ Issuing State: \_\_\_\_\_ Ethnicity: \_\_\_\_\_  
Passport # \_\_\_\_\_ Date Passport Issued: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year  
Passport Expiration Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Sex: \_\_\_\_\_ Male \_\_\_\_\_ Female  
Month Day Year  
Roommate preference: \_\_\_\_\_ Do you prefer a private room @ additional cost? \_\_\_\_\_

### Emergency Contact & Beneficiary's Information – PLEASE PRINT

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C)  
E-Mail address: \_\_\_\_\_ @ \_\_\_\_\_  
If beneficiary is different, name of beneficiary \_\_\_\_\_ Relationship: \_\_\_\_\_

### Church Information – PLEASE PRINT

*To participate in a mission trip of the Gibson Baptist Association, you must be an active member of a Southern Baptist Church.*  
Are you a member of a Southern Baptist Church? \_\_\_\_\_ (Yes/No). Is it a GBA church? \_\_\_\_\_ (Yes/No)  
Are you actively involved and participating in your church where you are a member? \_\_\_\_\_ (Yes/No)  
*Please provide the following information for verification of your church membership and involvement and participation in your church where you are a member.*

Church Membership: \_\_\_\_\_ Pastor's Name: \_\_\_\_\_  
Pastor's Phone: \_\_\_\_\_ Pastor's e-mail: \_\_\_\_\_ @ \_\_\_\_\_

### Background Check Authorization - Please enclose \$8.50 payable to GBA to cover the cost of the background check.

- *By your signature, you give permission to the GBA to contact the pastor of your church for verification of your membership and involvement in the activities and life of your church. The GBA & IMB require all volunteers to undergo a **national criminal background & sex offender registry check**. Your background check is valid for four years from the date of the report. We use "Protect My Ministry" for our background checks and can only accept their services.*
- *Any volunteer serving with the GBA on a mission trip agrees by signing this registration form that they will not use any tobacco products, or use illegal drugs or drink alcoholic beverages, or engage in a lifestyle that might dishonor Christ and the GBA throughout the duration of the mission trip.*
- *To participate with the IMB in an evangelism project/trip, you must be a member of a Southern Baptist Church.*
- *Are there any health issues or special needs about which the team leader needs to be informed? \_\_\_\_\_ (Yes/No.)  
If so, list or describe on a separate sheet of paper and return with your registration form.*

Signature: \_\_\_\_\_ (Applicant) Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Signature: \_\_\_\_\_ (Guardian) Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Personal Interview Questions for GBA Volunteers**  
Gibson Baptist Association

\_\_\_\_\_  
*(Please Print Your First and Last Name)*

You may e-mail this form to the Gibson Baptist Association at: [info@gbalife.org](mailto:info@gbalife.org). You may return the form by US mail to:

*Gibson Baptist Association*

*P.O. Box 186*

*Trenton, TN 38382*

*(731) 855-1202*

(1) Bearing in mind that your proposed service may involve access to minor children, is there anything in your personal history or experience that indicates that you have any problem whatsoever involving sexual attraction to children or any related tendencies that could pose a risk of harm to any children you may encounter during your service?

(2) Have you ever been the subject of a complaint of child abuse or any other type of mistreatment of children? If yes, please explain briefly.

(3) Has anyone ever complained to you, the organization you were serving with, or to the government concerning your care of children? If yes, please explain.

(4) Certain types of behavior may reflect negatively on your fitness to serve in this ministry. Have you ever been charged with or convicted of any crime or misdemeanor involving (1) a minor child, (2) stalking or harassment, (3) sex or lewd behavior (*e.g.*, rape, sexual assault, prostitution, public indecency) or (4) violence against another person. If yes, please explain briefly.

(5) Have you engaged in any illegal drug use within the past 10 years? \_\_\_\_\_

(6) Are there any lifestyle issues that you are engaged in that might hinder or hurt your Christian witness and be a detriment to the Kingdom of God while serving on this volunteer mission trip? \_\_\_\_\_.

\_\_\_\_\_  
**Signature of Volunteer**

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

***Office Use Only***

*This personal interview form is valid for four years from the date received in the GBA office:*

*Date:* \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

*Approved by:* \_\_\_\_\_

# Reference Form for GBA Volunteers

Gibson Baptist Association  
CONFIDENTIAL

## **Attention Mission Volunteer:**

You MUST provide three (3) references, one of which MUST be your pastor.

**A REFERENCE CANNOT BE SOMEONE WHO IS RELATED TO THE VOLUNTEER.**

***PRINT THE FIRST & LAST NAME OF THE MISSION VOLUNTEER*** \_\_\_\_\_

All information is held in strict confidence. We would appreciate your open and forthright comments as you answer each question. The information is extremely important to the individual and to the Gibson Baptist Association. Thank you for your cooperation. You may e-mail this form or send by regular mail to the Gibson Baptist Association. [info@gbalife.org](mailto:info@gbalife.org) or US mail: **Gibson Baptist Association, P.O. Box 186, Trenton, TN 38382.**

Please, indicate the place where the mission volunteer will serve (*Name of country for international trips, or name of state and city for North America trips*) \_\_\_\_\_

1. How long have you known the applicant and in what capacity?
2. **If you are the pastor, please respond.** Is this individual a member of your church?
3. **If you are the pastor, please respond.** Is this individual an active member of your church?
4. How would you describe the applicant's character?
5. Has the applicant ever given you any reason to doubt his/her character?
6. What spiritual strengths does the applicant possess?
7. What are the applicant's spiritual weaknesses?
8. Would you have any concerns about the applicant working with children or young people? If yes, please explain.
9. How would you rate the applicant's ability to use good judgment in stressful situations with children?
10. Do you have any reservations whatsoever in recommending that this individual serve as a mission volunteer with the Gibson Baptist Association? \_\_\_\_\_ If yes, please provide more information. You may use a separate sheet of paper.

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

**Date:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Print Your Name** \_\_\_\_\_

### ***Office Use Only***

*This personal interview form is valid for four years from the date received in the GBA office:*

*Date:* \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

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10. Do you have any reservations whatsoever in recommending that this individual serve as a mission volunteer with the Gibson Baptist Association? \_\_\_\_\_ If yes, please provide more information. You may use a separate sheet of paper.

**Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Print Your Name** \_\_\_\_\_

### ***Office Use Only***

*This personal interview form is valid for four years from the date received in the GBA office:*

*Date:* \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

# Reference Form for GBA Volunteers

Gibson Baptist Association  
CONFIDENTIAL

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You MUST provide three (3) references, one of which MUST be your pastor.

**A REFERENCE CANNOT BE SOMEONE WHO IS RELATED TO THE VOLUNTEER.**

***PRINT THE FIRST & LAST NAME OF THE MISSION VOLUNTEER*** \_\_\_\_\_

All information is held in strict confidence. We would appreciate your open and forthright comments as you answer each question. The information is extremely important to the individual and to the Gibson Baptist Association. Thank you for your cooperation. You may e-mail this form or send by regular mail to the Gibson Baptist Association. [info@gbalife.org](mailto:info@gbalife.org) or US mail: **Gibson Baptist Association, P.O. Box 186, Trenton, TN 38382.**

Please, indicate the place where the mission volunteer will serve (*Name of country for international trips, or name of state and city for North America trips*) \_\_\_\_\_

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7. What are the applicant's spiritual weaknesses?
8. Would you have any concerns about the applicant working with children or young people? If yes, please explain.
9. How would you rate the applicant's ability to use good judgment in stressful situations with children?
10. Do you have any reservations whatsoever in recommending that this individual serve as a mission volunteer with the Gibson Baptist Association? \_\_\_\_\_ If yes, please provide more information. You may use a separate sheet of paper.

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

**Date:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Print Your Name** \_\_\_\_\_

### ***Office Use Only***

*This personal interview form is valid for four years from the date received in the GBA office:*

*Date:* \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_



KEEPING CHILDREN SAFE & SECURE  
International Mission Board  
Required Video

For International Mission Trips, the International Mission Board requires all volunteers to watch "Keeping Children Safe and Secure" which is a video produced by IMB.

<https://vimeo.com/207357609>

The volunteer will inform the GBA office when the video has been viewed, so that the DOM and team leader know the requirement has been met.

Please, sign and date this form to confirm that you have watched this video before your mission trip date. It is required to receive Wingo Funds.

Either mail this signed form to the GBA office or e-mail the form: [info@gbalife.org](mailto:info@gbalife.org)

Gibson Baptist Association  
P.O. Box 186  
Trenton, TN 38382

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Signature

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PRINT YOUR NAME

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



# APPLICATION FOR WINGO FUNDS

## Gibson Baptist Association

Wingo funds are distributed to Gibson Baptist Association volunteers serving in an official trip of the International Mission Board, North American Mission, Tennessee Baptist Convention, GBA, or a Disaster Relief Project. Our desire is to encourage "first-time" volunteers to participate in a mission project or trip, as well as assist other volunteers (See *Wingo Guidelines*).

### INDIVIDUAL REQUEST

*(This section is to be completed by individuals for a single request. Please provide the following)*

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

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Please provide a phone number for contact: (\_\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (Month/Day/Year)

*For International Mission Trips: If you are a High School student, have you completed the 9<sup>th</sup> grade?* \_\_\_\_\_

*For North American Mission Trips: If you are a student, have you completed the 7<sup>th</sup> grade?* \_\_\_\_\_

Name of the Church where you are a member: \_\_\_\_\_

Church Phone No.: \_\_\_\_\_ Pastor's E-mail address: \_\_\_\_\_

Have you previously received Wingo Funds for any International Mission trip? \_\_\_\_\_

Have you previously received Wingo Funds for any North American Mission trip? \_\_\_\_\_

***Volunteers may receive Wings Funds once a year for an IMB trip and once a year for a NAMB trip.***

What are the dates for your mission trip/project? \_\_\_\_\_

IMB/TBC/GBA trips; Name of *country* and ***IMB missionary on the field*** \_\_\_\_\_

NAMB/TBC/GBA trips; Location of mission work \_\_\_\_\_

SBC/TBC/GBA Disaster Relief trips; Location of disaster response \_\_\_\_\_

If serving with a church of the GBA on this trip provide the name of the church \_\_\_\_\_

Provide the name of the team leader for this trip \_\_\_\_\_

Signature of Volunteer \_\_\_\_\_

*If a minor, parent or guardian's signature required*

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

### CHURCH REQUEST

**This section is to be completed by a representative of the church when a multiple scholarship is requested.**

NAME OF CHURCH: \_\_\_\_\_

What are the dates for your mission trip/project? \_\_\_\_\_

IMB/TBC/GBA trips; Name of *country* and ***IMB missionary on the field*** \_\_\_\_\_

NAMB/TBC/GBA trips; Location of mission work \_\_\_\_\_

SBC/TBC/GBA Disaster Relief trips; Location of disaster response \_\_\_\_\_

Name of team leader: \_\_\_\_\_ Phone: \_\_\_\_\_

Team leader e-mail: \_\_\_\_\_ Signature: \_\_\_\_\_

*\*High School students for IMB trips must have completed 9<sup>th</sup> grade. NAMB trips, student must have completed 7<sup>th</sup> grade.*

***Please, attach a list of the names, addresses and a contact phone number for each volunteer.***