



Countryside Baptist church



mt. carmel Baptist church



*Pastor Timothy Brown/Min. Dan Harrington  
Sunday Padonu*

*Pastor William Sherman/Min.*

## 2012 missions trip to Jamaica

Friday, August 3 – Monday, August 13, 2012

Doing Ministry with:

Paradise Baptist Church, Crofts Hill Jamaica

St. Johns Baptist Church, Crofts Hill, Jamaica

Pastor Milton Baily

### Travel Cost

<u>Item</u>	<u>Amount</u>	<u>Due Date</u>
Deposit/Processing Fee	\$100.00	On or before May 1
Airfare (Orlando/Kingston)	\$270.00	On or before June 20
Food/Transportation	\$130.00	On or before June 20
<b>TOTAL</b>	<b>\$500.00</b>	<b>On or before June 20</b>
Personal Spending Money	\$100.00	minimum (food, transportation, souvenirs)

Insurance – Accident Insurance is provided by Countryside Baptist Church

### Lodging

Home of Pastor Milton Bailey

Homes of Jamaican Families

(4-6 Missionaries will be assigned to each home)

## What You Will Need to Bring

Your Bible

Comfortable, modest clothing (suitable for hot tropical weather)

Nice outfits for Sunday morning church services

Personal hygiene items – shampoo, deodorant, cosmetics,  
towel/washcloth, toothbrush/paste, etc.

Medications

## Ministry

Worship Service Participation

*Singing, testimonies, preaching, etc.*

Vacation Bible School

*Teaching, Recreation, Arts & Crafts, Music, Witnessing, etc.*

Other Ministry Opportunities

*Drama presentations, Construction Projects, Street or Other Evangelism, etc.*

## In Home Ministry

Along with your personal nightly devotional time, Bible reading and prayertime, engage in bonding and sharing with your host family – family devotional/sharing time

## Note:

Please remember this is **not a vacation**, but a mission ministry. We will however include times for fun and enjoyment to include **sightseeing and shopping** most likely in **Kingston, Spanish Town and Ocho Rios**.

Application

**Passport #** \_\_\_\_\_ **Date Issued:** \_\_\_\_\_ **Expiration:** \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

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

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

In case of emergency please notify:

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

Contact Numbers: \_\_\_\_\_

Allergies/Medical Conditions: \_\_\_\_\_

Medications with you: \_\_\_\_\_

Ministry Interests/Abilities (Please be specific)

[ ] Construction: \_\_\_\_\_ Masonry \_\_\_\_\_ Carpentry \_\_\_\_\_ Electrical \_\_\_\_\_ Plumbing

[ ] Teaching: Age Group(s) - \_\_\_\_\_

[ ] Worship Ministry: Music - \_\_\_\_\_ Vocal \_\_\_\_\_ Instrumental ( \_\_\_\_\_ )

[ ] Evangelism: \_\_\_\_\_ Preaching \_\_\_\_\_ Drama \_\_\_\_\_ Other: \_\_\_\_\_

[ ] VBS: \_\_\_\_\_ Teaching \_\_\_\_\_ Arts & Crafts \_\_\_\_\_ Recreation \_\_\_\_\_ Music \_\_\_\_\_ Snacks

[ ] Other: \_\_\_\_\_

***Permission to Treat: (Must be notarized)***

***In case of a medical emergency I hereby grant my permission to be treated and agree to abide by all the rules and regulations set by the leadership of this missions trip.***

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

***Signature of Parent/Guardian if under 18 years:*** \_\_\_\_\_

[NOTARY SEAL]