

SHORT-TERM MISSION TRIP APPLICATION

PARTICIPANT PERSONAL INFORMATION

Name of Participant: _____ Gender: _____

Address: _____ City _____ State _____ Zip Code _____

Contact: Home # _____ Mobile # _____ Work# _____ Email _____

Date of Birth: _____ Citizenship: _____ Country of Birth: _____

Marital Status: _____

Spouse's Name: _____ Is your spouse supportive of your participation in this project? _____

Name as it appears on Passport: _____

Passport Number _____ Expiration Date _____ City and State Where Issued _____

Have you ever been convicted of a felony? (details) _____

EMERGENCY CONTACT

Primary Emergency Contact: _____ Relationship to you: _____

Phone number(s): _____ Email address: _____

Secondary Emergency Contact: _____ Relationship to you: _____

Phone number(s): _____ Email address: _____

MEDICAL INFORMATION

How would you describe your present health? _____

Please state any major illness(s) you have had in the last five years _____

Are you presently under the care of a physician? _____ If yes, please explain: _____

Please list any medication you are taking _____

Please list any allergies you have _____

Please explain any physical challenges that you may face on this ministry trip.

SPIRITUAL INFORMATION

Describe your life before you repented of your sins and accepted Jesus Christ as your Lord and Savior.

Describe your walk with the Lord at this present time.

In what areas of your life have you seen spiritual growth over the last month, year?

PARTICIPATION AGREEMENT

I agree to release, discharge and hold harmless the sponsoring Church, its employees, agents, and members from any and all claims or demands due to personal injury, illness or death as well as any and all property damage sustained of any nature which may be incurred by me, whether in foreign or domestic territory, while participating in the above described event or activity. I also agree to be directed by and responsible to the designated church leadership for the project. Further, I agree to hold harmless and to indemnify the Church as well as its employees, agents, or members for any liability or expenses sustained by the Church as a result of my participation.

I hereby authorized the Church or its representatives to initiate any medically necessary care on my behalf in the event of my incapability to present myself for such care and agree to be financially responsible to any car provider and authorize the release of any necessary medical or insurance related information pertinent to the circumstances.

Participant's Signature: _____ Date: _____

Parent/Guardian if participant is a minor: _____

REFERENCES

Please provide three references: One reference should be a Church Pastor or Department Director in a ministry in which you participate. The other references should be Christians who know your ministry abilities, strengths, and weaknesses.

Name: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

Contact: Home#: _____ Mobile#: _____ Email: _____

Name: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

Contact: Home#: _____ Mobile#: _____ Email: _____

Name: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

Contact: Home#: _____ Mobile#: _____ Email: _____