

SHORT-TERM MISSION TRIP APPLICATION

PARTICIPANT PERSONAL INFORMATION Name of Participant: _____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) **EMERGENY CONTACT** Primary Emergency Contact: ______ Relationship to you: _____ Email address: Phone number(s): 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?					

(Spiritual Information Continued)					
Briefly explain why you desire to go on this mission trip and how you see God calling you to participate on this trip.					
What special skills, or spiritual gifts do you have?					

MINISTRY & SPECIAL SKILLS Current Church Membership: () GFBC () Other Church _____ How long have you been a member of your church? List the ministries with which you have been involved at your church (Please include time of involvement and any leadership positions held). List the ministries with which you have been involved outside of your church (Please include time of involvement with any leadership positions held). Please list any foreign language training and your level of proficiency. Have you had training in personal evangelism? _____ Have you been on a Short Term Mission project before? Please list the Country / Mission Organization / Dates / Ministry Purpose:

PARENT PERMISSION (FOR MINORS) Affidavit Form

In consideration for participating on the	following Gardendale First Bap	otist Church's (GFBC)	
Short- Term Mission Project:			
(Na	ame of Mission Trip)		
I hereby give my son/daughter permiss	ion to travel to and from		
with <u>GFBC</u> and its representatives. I als	so authorize <u>GFBC</u> or its repre	sentatives to initiate any	
medically necessary care on my son/dau	ghter's behalf and agree to be f	inancially responsible to	
any care provider and authorize the 1	release of any necessary medic	cal or insurance related	
information pertinent to the circumstance	ces.		
Name of Participant	Signature	Date	
Parents or legal Guardians must sign:			
Name	Signature	Date	
Name	Signature	Date	
State of Alabama County of			
	Notary Publ	ic	
	My Commission Expires:		

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:

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:				