



## Mission Trip Application

General Information: Trip interested in going on: \_\_\_\_\_

Name: \_\_\_\_\_ Gender:  Male  Female

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

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ T-shirt size: \_\_\_\_\_

Name as it appears on Passport: \_\_\_\_\_

Passport Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

City and State where issued: \_\_\_\_\_

**Please attach a copy of your passport**  passport attached

**Please include your \$200 nonrefundable deposit**  deposit submitted

Medical Information:

Is the church authorized to approve medical treatment?  yes  no

Is the participant covered by personal/family medical insurance?  yes  no

If yes, name the insurer: \_\_\_\_\_ Policy or Group Number: \_\_\_\_\_

How would you describe your present health?  Excellent  Good  Average  Poor

Please state any major illness(es) you have had in the last five years: \_\_\_\_\_

\_\_\_\_\_

Are you presently under the care of a physician?  yes  no 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 mission trip: \_\_\_\_\_

\_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Church Involvement:**

**Church Membership:** ( ) North Metro Baptist Church ( ) Other: \_\_\_\_\_

**How long have you been a member?** \_\_\_\_\_

**Do you actively attend worship services at North Metro?** ( ) yes ( ) no

**Do you actively tithe to North Metro?** ( ) yes ( ) no

**Do you actively serve in a ministry area at North Metro and if so where?** \_\_\_\_\_

**Do you attend a Life Group class at North Metro regularly and if so which one?** \_\_\_\_\_

**List any ministries you have been involved in outside of your church:** \_\_\_\_\_

**What are your spiritual gifts?** \_\_\_\_\_

**Have you had training in personal evangelism?** ( ) yes ( ) no **Please explain:** \_\_\_\_\_

**Testimony:**

**Please briefly share your testimony:** \_\_\_\_\_

**How has your life changed now that you know Him?** \_\_\_\_\_

**Missions Experience:**

Have you ever been on a short-term mission trip? ( ) yes ( ) no

If so, describe your experience : \_\_\_\_\_

\_\_\_\_\_

Briefly describe why you see God calling you to participate on this trip: \_\_\_\_\_

\_\_\_\_\_

What gifts/talents do you have that you would like to use on this trip? \_\_\_\_\_

\_\_\_\_\_

Do you have any fears or concerns about this trip? \_\_\_\_\_

\_\_\_\_\_

**Participation Agreement (to be completed by Participant or by Parents, if participant is a minor):**

I acknowledge that participation in the above trip involves risk to the individual listed above as the Participant (referred to as "Participant" throughout this document) (and to Participant's Parent, if Participant is a minor), and may result in various types of injury including, but not limited to, the following: sickness, bodily injury, death, emotional injury, personal injury, property damage and financial damage.

In consideration for the opportunity to participate in the above trip, the Participant (or Parent) acknowledges and accepts the risks of injury associated with participation of the trip. The Participant (or Parent) accepts personal financial responsibility for any injury or other loss sustained during the trip or during transportation to and from the trip, as well as for any medical treatment rendered to the participant that is authorized by the Trip Sponsor or its agents, employees, volunteers, or any other representatives (collectively referred to hereinafter as the "Trip Sponsor"). Further, the Participant (or Parent) releases and promises to indemnify, defend, and hold harmless the Trip Sponsor and its agents, employees, volunteers, or any other representatives for any injury related directly or indirectly out of the above trip, whether such injury arises out of the negligence of the Trip Sponsor or otherwise.

If a dispute over this agreement or any claim for damages arises, the Participant (or Parent) agrees to resolve the matter through a mutually acceptable Biblically based alternative dispute resolution process. If the Participant (or Parent) and the Trip Sponsor cannot agree upon such a process, the dispute will be submitted to a three-member arbitration panel for resolution pursuant to the rules of the American Arbitration Association.

By signing below, I acknowledge and warrant that the information that I have provided on this form is true and correct to the best of my knowledge. I further agree to immediately notify the Activity Sponsor of any change in the information presented. I understand that this form is valid and legally binding until revoked in writing by the Participant (or the Participant's parent(s) or guardian(s) if the Participant is a minor).

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/guardian if participant is a minor: \_\_\_\_\_

(name)

(signature)