



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: _____

*Passport info only needed if traveling outside of USA

Name as it appears on Passport: _____

Passport Number: _____ Expiration Date: _____

City and State where issued: _____

Please attach a copy of your passport if traveling outside of USA () passport attached

Please include your 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)