



Mount Pleasant
Baptist Church

SHORT TERM MISSIONS APPLICATION

MISSION TRIP

YEAR

PERSONAL INFORMATION

Name

Date

Address

City

State

Zip

Phone-Cell

Work

Email address

Date of Birth (mm/dd/yy)

SSN

Name as it appears on passport

Passport Number

Expiration Date (mm/dd/yy)

Where was the passport issued

Male Female

Marital Status: Single Married

Spouse's Name

Attach a copy of your passport and visa application for **international trips**. Attach a copy of your driver's license for **domestic trips**.

EMERGENCY CONTACT INFORMATION

Name

Relationship

Address

City

State

Zip

Telephone-Cell

Home

The following guidelines have been established for any and all participants representing Mount Pleasant Baptist Church on a mission project, whether your membership is at MPBC or elsewhere. You **MUST** review, sign, and date it.

- I agree to the following doctrinal statements:
 - All Scripture (The Holy Bible) is divinely inspired by God and without error.
 - There is no salvation apart from personal relationship with Jesus, and salvation cannot be earned but is a free gift from God.
 - Those who are true believers in Jesus Christ cannot lose their salvation.
 - There is only one true God who is in three persons (Trinity): God the Father, God the Son, & God the Holy Spirit.
 - Although man is created in the image of God, we are born sinful and will not reach perfect sanctification until we're taken home to heaven.
 - Baptism is an act of obedience to the Lord, and not what gives us salvation.
 - God's purpose for marriage is for a male and female to make a covenant commitment before God.

- I agree to Mount Pleasant Baptist Church to run a background check on me.

- I agree to maintain a Christian witness in my speech, actions, and dress at all times.

- I am willing to submit to the authority of the team leader for the duration of the trip.

- I agree that the needs of the team and the project take precedence over my personal desires in travel arrangements, hotel accommodations, meals, work schedule, style of dress, sightseeing, and independent travel.

- I will refrain from the use of alcohol, tobacco, or non-prescribed drug products during the duration of the trip.

- If at any time while on the field, my behavior constitutes a problem, the team leader has the authority to return me home. (Additional costs on volunteer)

- I hereby acknowledge that by engaging in this mission, I am subjecting myself to certain risks voluntarily, including and in addition to those risks which I normally face in my personal and business life, including but not limited to such things as health problems due to poor food, water and sanitation, disease, pests, inadequate medical facilities, work related injuries, civil unrest and war.

- Further, I hereby release and discharge Mount Pleasant Baptist Church and their leaders, employees and officers, from all claims, demands, actions, judgments and executions which I ever had, or now have, or may have, or which my heirs, executors, administrators, or assigns may have or claim to have, against Mount Pleasant Baptist Church and their leaders, employees and officers, and their successors or assign for all personal injuries to property, real or personal, cause by, or arising out of the mission service. I fully intend to be legally bound by this statement.

Signature _____ Date _____

MEDICAL INFORMATION

Name

Date

Name of personal physician

Physician's phone number

Blood Type

List of any allergies (food, drugs, insect bites, ect)

List of current medications

Special dietary needs

Do you have any medical conditions that may hinder your involvement? Yes No

If so, please describe that condition

HEALTH INSURANCE INFORMATION

Name of insurance company

Address

Insurance Company's phone number

This policy is under the name of

Policy Number

Is this a group policy? Yes No

If yes, who's the employer?

Employer phone number

Email

When you turn in your passport, visa, and/or driver's license, you'll also need to turn in a copy of your insurance card.

MEDICAL RELEASE & PERMISSION TO BE TREATED

I hereby give my consent and permission to conduct any necessary medical examinations and medical treatment while on _____ mission trip.
I further give permission to obtain any and all diagnostic and treatment records necessary for my medical treatment.

I UNDERSTAND THAT I AM SIGNING TO INDICATE THAT I HAVE READ AND CONCUR WITH ALL PORTIONS OF THIS FORM, INCLUDING THE MEDICAL INFORMATION, RELEASE AND PERMISSION TO BE TREATED SECTIONS AND ALSO HEREBY CERTIFY THAT ALL THE INFORMATION THAT I HAVE PROVIDED IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

WITNESS MY SIGNATURE this _____ day of _____, 20_____.

Signature _____

Printed Name _____

NOTARIZATION

State of _____ County of _____

On this _____ day of _____, 20_____, before me personally

appeared _____ to me known to be the same

person described in and who executed the within instrument, and who acknowledged the same to be the free act and deed thereof.

Notary Public _____

My commission expires on _____

(Please be sure to add notary stamp)

REFERENCES

One reference should be a pastor or someone else who holds a leadership position in the church. The other reference should be someone who knows your ministry abilities as well as your strengths and weaknesses.

Name Relationship

Address

Phone Email

Name Relationship

Address

Phone Email

CHURCH INVOLVEMENT

Church Membership: MPBC
 Other

If other, what denomination is it a part of?

How long have you been a member?

What ministries are you involved in?

If not MPBC, who is the current pastor and his email?

MY TESTIMONY

Name

Date

Write a paragraph, in story form, that will answer the following questions:

- What was my life like before I met Jesus? (What were my needs? What got me interested in God?)
- How did I come to know Jesus as my Savior? (When did this happen? What were the circumstances?)
- What is my life with Christ like now? (How is my life different? How is my faith growing?)

This document was revised in 2018. After 2019, if you have already filled out the testimony portion for a trip, you will not need to fill it out again. If there's something in your testimony that has changed, feel free to add it to this sheet.