

APPLICATION FOR SHORT TERM MISSIONS

PROJECT NAME _____ NUMBER _____

PERSONAL INFORMATION

Name _____ Date _____

Address _____

City _____ State _____ Zip _____

Telephone-Home _____ Work _____

E-mail address _____

Date of Birth (mm/dd/yy) _____ Social Security number Leave Blank _____

Name as it appears on passport _____

Passport number _____ Expiration Date (mm/dd/yy) _____

Where issued _____

Male ___ Female ___ Marital Status: Single ___ Married ___

Spouse's name _____

Attach a copy of the photo page of your passport and two passport size photos for each required Visa.

EMERGENCY CONTACT INFORMATION

Name _____ Relationship _____

Address _____

City _____ State _____ Zip _____

Telephone-Home _____ Work _____

The following guidelines have been established for participants in any Mount Pleasant Baptist Church mission project, whether your membership is at MPBC or elsewhere. Please review, sign and date where indicated.

- I agree to share my faith in an appropriate manner.
- I agree that the needs of the team and the project take priority over my personal desires in matters pertaining to travel arrangements, hotel accommodations, meals, work schedule, style of dress, sightseeing, independent travel, etc.
- I agree to maintain a Christian witness in my speech, actions and dress at all times.
- I will refrain from the use of alcohol or tobacco products of any kind for the duration of the project.
- I willingly submit to the authority of the team leader for the duration of the project.
- If at any time while on the field a volunteer's behavior constitutes a problem, the team leader has the authority to ask that volunteer to return home. Any additional costs incurred as a result of this action will be at the volunteer's expense.
- 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 hazards 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 the mission organizations which assisted in these arrangements, their agents, 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 the mission organizations, their agents, employees and officers, and their successors or assigns for all personal injuries to property, real or personal, caused by, or arising out of this mission service. I intend to be legally bound by this statement.

Signature _____ Date _____

MEDICAL INFORMATION

Name _____ Date _____

Name of personal physician _____

Physician's phone number _____ Your blood type _____

List any allergies (foods, drugs, insect bites, etc) _____

List any current medications _____

Special dietary needs _____

Do you have any medical conditions that would keep you from being a full participant in this project? _____ If so, please describe _____

HEALTH INSURANCE INFORMATION

Name of insurance company _____

Address _____

Insurance company's phone number _____

This policy is under the name of _____ Policy number _____

If group policy, please list employer _____

Employer phone number _____ Fax Number _____

MEDICAL RELEASE & PERMISSION TO BE TREATED

I hereby give my consent and permission to conduct any necessary medical examinations and medical treatment while on the _____project. 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_____, _____, 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 _____

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 Christ? (What were my needs? What got me interested in God?)
- How did I come to know Jesus Christ 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?)

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 _____

Day phone _____ Night phone _____

Name _____ Relationship _____

Address _____

Day phone _____ Night phone _____

CHURCH INVOLVEMENT

Church membership; _____MPBC
_____Other _____

How long have you been a member? _____ In what ministries are you currently involved
and how long? _____
