

# 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.*

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## EMERGENCY CONTACT INFORMATION

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone-Home \_\_\_\_\_ Work \_\_\_\_\_

The following guidelines have been established for participants in any Southcrest Baptist Church mission project, whether your membership is at Southcrest 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; \_\_\_\_\_ Southcrest  
\_\_\_\_\_ Other \_\_\_\_\_

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

\_\_\_\_\_

Why do you want to participate in this mission project? \_\_\_\_\_

\_\_\_\_\_