



First Baptist Church
215 E. 13th Avenue
Cordele, GA 31015
Phone (229) 273-3762
Fax (229) 273-8007

Date Completed: _____

Mission Trip Destination: _____

Dates of Trip: _____

First Baptist Church Previous Missions Trips (Location, Year)

General Information

Full Legal Name: _____
(name as it appears on passport)

Social Security Number: _____ Passport Number: _____

Country of Citizenship: _____ Date of Birth: _____

Martial Status: Single Separated Divorced Widowed Divorced/Remarried

Married-Spouse _____

Home Address: _____

City/State/Zip: _____

Home Phone: _____ Cell Phone: _____ Fax Number: _____

Place of Employment: _____ Work Phone: _____

Job Title: _____ May we call you at work? Yes No

Emergency Information

(you must have medical coverage to participate in a mission trip)

Beneficiary (Name, Address, Phone Number, Relationship): _____

Do you have any medical restrictions/disabilities that we need to make provisions for?

Yes No If yes, please explain: _____

Known allergies to medications, pollen, food, etc: _____

Reactions to allergies: _____

Has your reaction ever required emergency care? Yes No

If yes, please explain: _____

Are you presently taking any medications? Yes No

If yes, please explain: _____

Physicians Name: _____ Phone Number: _____

Health Insurance Co. _____ Phone Number: _____

Policy Number: _____ Blood Type: _____

In the event of an emergency notify: _____ Relationship: _____

Daytime Phone Number: _____ Evening Phone Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Church Membership Information

Are you a member of First Baptist Church? Yes No If yes, when joined: _____

Please state the ministry(ies) that you are involved in (e.g., Youth, Single Adults, etc.)

Complete the information below if you are not a member of First Baptist Church, Cordele, GA

Church where you are a member: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Pastor's Name: _____

Please state the ministry(ies) that you are involved in outside of First Baptist Church:

Describe your relationship with First Baptist Church: (check all that apply)

Regularly Attend

Former Member-Dates of Membership _____

Referred to FBC by: _____

Additional Information: _____

Skills

What languages do you know other than English? _____ Proficiency? _____

Check any of the skills below that apply to you. Give further information/explanation if necessary. Please list other skills that may be utilized on a short-term mission trip(drama, juggling, etc.)

Personal Ministry

Construction

Medical

___ Bible Study Leader

___ Carpentry

___ Doctor

___ Evangelism

___ Masonry

___ Nurse

___ Singing

___ Plumbing

___ Dentist

___ Musical Instrument

___ Electrical

___ Nutrition

___ Pharmacist

Business

Computer

___ Accounting

___ Programming

___ Management

___ Data Entry

___ Marketing

___ Word Processing

___ Training

References

Please list below three (3) people that we may contact who have known you at least two years and who know your ministry abilities, as well as, your strengths and weaknesses. Only one person may be a family member, and one person should be a church pastor or department director in the ministry in which you serve.

Name: _____ Known Since: _____ Relationship: _____

Daytime Phone Number: _____ Evening Phone Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____ Known Since: _____ Relationship: _____

Daytime Phone Number: _____ Evening Phone Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____ Known Since: _____ Relationship: _____

Daytime Phone Number: _____ Evening Phone Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Please write one or two paragraphs on the following

Write a description of your relationship with Christ

Why do you want to be on a short-term mission team?

What are the realistic roadblocks that might keep you from going on a missions trip?

What short-term teams have you been on before (dates, destination, organization, purpose, etc.)

What other overseas travel experience do you have?

Are there any medical (physical, psychological or emotional) concerns that First Baptist Church needs to be aware of if you are to participate in this ministry project?

If you totally disagreed with a decision your team leader made, how would you handle it?



LEGAL AGREEMENT for Missions Ministry/Project Participants

To: First Baptist Church, Cordele, GA:

I, _____, hereby acknowledge that I have accepted the invitation of First Baptist Church to participate at one of their ministry sites.

In consideration of the above, I hereby agree:

1. To follow the directions of the Field Leaders of First Baptist Church while on the ministry trip.
2. That all personal incidental expenses which I incur on this trip will be met by me out of my own personal resources.
3. That neither I, nor anyone else on my behalf, shall in the event of my death, injury, illness, or other mishap assert any claim or make any demand against First Baptist Church, or any of its members.

If a claim is made against First Baptist Church, or any of its staff or members by reason of negligence or breach of duty, I hereby agree to indemnify and hold harmless First Baptist Church and its staff and members in respect of any such claim or demand.

Participant's signature: _____ Date: _____

Address _____

For participating minors

As a parent or guardian, I give my permission for _____

to _____ to travel to _____

and participate in the First Baptist Church ministry there on (date) _____
to (date) _____.

Signature of Parent or Guardian _____

Date _____



MEDICAL CONSENT- For All Minors and Adults

In the event of a medical emergency, I hereby consent to the necessary and proper treatment, surgery, and/or anesthetic by a licensed physician or health care professional for the individual named on this form.

Signature of participant (or parent/guardian if under 21)

Name _____ Date _____

Relationship to the participant _____ or check, if self _____

STATEMENT OF INSURANCE COVERAGE

I understand that First Baptist Church does not provide any insurance coverage for losses, sickness or injuries that may occur to me (or my child) while participating in the short-term missions project. I am responsible for providing my own (or my child's) insurance coverage. I understand that I will be notified as soon as possible of any emergency. I will be responsible for any travel expenses, should emergency transportation back home be necessary. As for medical insurance, I have the following coverage.

Insurance Company _____

Company Address _____

Policy and/or group plan number _____

Identification number of the insured _____

The participant is _____ (the insured) or _____ (a covered dependent of the insured).

If a covered dependent, the name of the insured is _____

Signature of participant (or parent/guardian if under 21) Date

Release of Liability-Minor or Adult Participant

I am aware of the potential risks to myself and my property (or my child and his/her property) as I (or he/she) participate(s) in First Baptist Church's missions project. With such knowledge, I voluntarily release First Baptist Church, their representatives and employees from any and all liability related to the activities of this project.

Signature of participant (or parent/guardian if under 21)

Date



Personal Testimony