

Mission Trip Application Form

Personal Information

(Please Print)

Name: _____

DOB _____ Age _____ Sex _____ Shirt Size _____

Address: _____

Project Location: _____

City: _____ State: _____ Zip Code: _____

Date of Trip: _____

Phone #: _____ Fax #: _____

List any foreign languages you speak fluently: _____

Email Address: _____

Is this your first mission trip? Yes No

IF YOUR TRIP REQUIRES A PASSPORT, PLEASE ATTACH A COPY OF YOUR PASSPORT TO THIS APPLICATION.

Passport Name _____
Policy Number _____

Describe your relationship with Jesus Christ: _____

Medical Information

Date of last tetanus shot (must be within last 10 years) _____
Check the appropriate blank if you have ever had any of the following apply to you:*

<input type="checkbox"/> Allergies (including drug)	<input type="checkbox"/> Bee/Wasp Reaction
<input type="checkbox"/> Dizziness or Fainting	<input type="checkbox"/> Hay Fever
<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Penicillin Allergy
<input type="checkbox"/> Physical Disability	<input type="checkbox"/> Respiratory Problems
<input type="checkbox"/> Asthma	<input type="checkbox"/> Diabetes
<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Heart Trouble
<input type="checkbox"/> Operation in Last Year	<input type="checkbox"/> Pregnant
<input type="checkbox"/> Regular Medication	<input type="checkbox"/> Other

Insurance Information: If you do not have insurance, please contact the missions pastor.

Insurance Company: _____

Policy Number: _____

IN CASE OF EMERGENCY CONTACT:

Name: _____

Address: _____

City: _____ State: _____

Zip Code: _____ Phone #: _____

Relationship: _____

BE SURE TO TAKE AN AMPLE SUPPLY OF YOUR REGULAR MEDICATION WITH YOU ON YOUR TRIP AND GET A WRITTEN PRESCRIPTION FROM YOUR DOCTOR TO GIVE YOUR GROUP LEADER JUST IN CASE!

* DESCRIBE BELOW, AS NEEDED, ANY CONDITIONS THAT APPLY.

Profile

Check as many as apply:

<input type="checkbox"/> Pastor	<input type="checkbox"/> Parent	<input type="checkbox"/> Sports Camps	<input type="checkbox"/> Bible Study Leader
<input type="checkbox"/> Youth Pastor	<input type="checkbox"/> Doctor	<input type="checkbox"/> Contractor/Construction	<input type="checkbox"/> Drama
<input type="checkbox"/> Youth Volunteer	<input type="checkbox"/> Nurse	<input type="checkbox"/> Play Guitar/Sing	<input type="checkbox"/> VBS/Kids Club/Willing to Lead Kids
	<input type="checkbox"/> EMT	<input type="checkbox"/> Worship Leader	<input type="checkbox"/> CPR/Lifesaving

Adult Participant Release

I certify the information on this form is correct and I HAVE READ THE LIABILITY WAIVER & RELEASE ON THE REVERSE SIDE. In an emergency I give my permission to a licensed physician to hospitalize, anesthetize, or perform surgery as needed.

Signature: _____ Date: _____

Youth Participation/Guardian Release

As the parent/legal guardian of the above named minor, I give my permission for him/her to participate in the mission trip mentioned. I certify the information on this form is correct and I HAVE READ THE LIABILITY WAIVER & RELEASE on the reverse side. In an emergency I give my permission to a licensed physician to hospitalize, anesthetize, or perform surgery on my child. I understand that every reasonable effort will be made to contact me before these actions are taken.

Signature: _____ Date: _____

IMPORTANT: Youth Applications MUST be notarized. See reverse side of this application.

Liability Waiver & Release

In consideration of being allowed to participate in the trip sponsored by New Vision Baptist Church, I hereby release New Vision from all claims and liabilities of any kind, whether known or unknown, which arise from or are connected in any way with my participation or the participation of any member of my family including my spouse or minor child, in the trip.

I recognize that the conditions in some of the places to which I , my spouse, or my child will travel are not of the same standard as the conditions to which I am accustomed. I realize further that there are certain health risks as well as other risks to personnel and property, and I enter into participation in this trip and agree to the participation of my spouse or minor child with knowledge of those risks. If for any reason my child is unable to complete the planned stay on the mission trip, I assume full responsibility for expenses incurred for my child's return home.

In the event of an emergency, I hereby authorize a leader of this trip, as an agent for me or my spouse or my child to consent to: any x-ray examination; medical, dental or surgical diagnosis; treatments; hospital care advised and supervised by a physician, surgeon or dentist (as appropriate) licensed to practice under the laws of the state or country where services are rendered, either at a doctor's office or in a hospital. I expect my family to be contacted as soon as possible.

I certify that I am of lawful age and competent to sign this Release, and have done so voluntarily.

I understand that this document constitutes a full and complete waiver of all possible claims for any act of omission, including claims for negligence regarding injury or property damages, arising out of my participation in the trip.

I understand that this release applies to, covers, and includes unknown, unforeseen, unanticipated, and unsuspected damages, losses, or liabilities and the consequences thereof, which result from the matters hereinbefore inferred to as well as those now disclosed and known to exist. The provisions of any state, federal, local, territorial law or statute providing in substance that releases shall not extend to claims or damages which are known or unsuspected to exist at the time are hereby expressly waived by me.

IMPORTANT: Youth Applications MUST be notarized.

Notary

State of _____ County of _____

Sworn to and subscribed to me this _____ day of _____, 20____.

Signature _____ My commission expires _____