



VOLUNTEER APPLICATION FOR SHORT TERM MISSION

Mission Project: _____ Mission Dates: _____

Personal Information

Name as listed on passport or State issued ID: _____

Current address: _____

City: _____ State: _____ Zip: _____ E-mail: _____

Telephone: Home () _____ Work () _____ Cell () _____

Date of Birth: _____ Social Security Number: _____

Citizenship: _____ Country of Birth: _____

Passport Number: _____ Date of Issue/Expiration: _____ / _____
(DD/MM/YY) (DD/MM/YY)

Marital Status (check one) [] Single [] Married Name of Spouse: _____

Names & ages of children: _____

Emergency Contact (this must be someone not traveling with you)

Name: _____ Relationship: _____

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

Telephone: Home () _____ Work () _____ Cell () _____

Medical Information

How would you describe your present health? [] Excellent [] Good [] Fair [] Poor

Is there any activity in which you would not be able to participate? If yes, explain: _____

Are you presently under the care of a physician? [] Yes [] No If yes, list all medical problems, disabilities, allergies, etc.

Please list all medication you are taking including over-the-counter meds:

Do you have personal medical insurance? [] Yes [] No

Name of Primary insurance holder: _____

Employer: _____

Name of Insurance: _____

Group #: _____ Member #: _____

Church Involvement and/or Mission Experience

(use the back of this page for additional narrative space for the following questions)

Church Membership: [] GABC [] Other church: _____

How long have you been a member? _____

List the ministries with which you have been involved at your church, including time of involvement and any leadership positions held:

Please indicate any special skills, talents or Christian service experience that you feel may be helpful on the field. Skills might include: Construction, Children or Youth Ministry, Evangelism Training, Music, Medical, Dental, Optical, Foreign Languages, etc.

List former Missions experience:

<u>Country</u>	<u>Mission Organization</u>	<u>Dates</u>	<u>Ministry</u>
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Give a brief account of your salvation experience

PARTICIPATION AGREEMENT

By signing below, the participant (or parent/guardian if participant is a minor) acknowledges and accepts the risks of physical injury associated with participation in the mission trip. Except for gross negligence on the part of the sponsor, the participant (parent/guardian) accepts personal financial responsibility for any bodily or personal injury sustained during the mission trip. Further, the participant (or parent/guardian) promises to hold harmless Grand Avenue Baptist Church and its representatives for any injury related to the mission trip.

If dispute over this agreement or any claim for damages arises, the participant (or parent/guardian) agrees to resolve the matter through a mutually acceptable arbitration process.

Further, the participant agrees to refrain from using any alcohol, tobacco or illegal drugs or related products.

Signature: _____ Date: _____
(Participant or parent/guardian if participant is a minor)

Minor's Signature: _____ Date: _____

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- *Return completed form to your Mission Team Leader along with a completed Background Investigation Authorization form (if you have not been previously screened by GABC). If the participant is a minor, the parent/guardian must also submit a notarized Affidavit for Minors form. For international missions, attach passport copy.*
 - *By signing this form the participant further agrees that you will abide by the Mission Policy of Grand Avenue Baptist Church in regard to fund raising and that you will actively participate in all team meetings and mission training sessions in preparation for the mission.*