



400 Newton Road, Raleigh, NC 27615
(919) 573-5454 Fax: (919) 573-5453

Previous CBC Missions Trips in which you
have participated

To _____ Year _____
To _____ Year _____
To _____ Year _____
To _____ Year _____

Application for Returning Mission Trip

Date Form Completed ____ / ____ / ____

TRIP NAME:

PLEASE PRINT CLEARLY & COMPLETE FORM IN ITS ENTIRETY.

TRIP DESTINATION: _____

DATES OF TRIP: _____

Full legal name					
Date of birth ____/____/____			Country of citizenship		
Social Security No.			Passport Number and Expiration Date		
Marital status	<input type="checkbox"/> single	<input type="checkbox"/> separated	<input type="checkbox"/> divorced	<input type="checkbox"/> widowed	<input type="checkbox"/> divorced/remarried
<input type="checkbox"/> married (please give spouse's full name)					
Home address					
City		State		Zip	
Email address					
Phone #s	Home ()		Cell ()		
	Work ()		Fax ()		
Place of employment					
Job title					
May we contact you at work?					
<input type="checkbox"/> Yes <input type="checkbox"/> No					

You must have medical insurance coverage to participate in a mission trip.

Health insurance company	
Policy number	
Beneficiary of your insurance (name, address and phone number)	
Physician's name	Physician phone # ()
Emergency contact	Emergency phone -- day ()
Relationship to you	Emergency phone--night ()
Blood type	

Any medical restrictions or disabilities for which we need to make special provision? <input type="checkbox"/> No <input type="checkbox"/> Yes (<i>please explain</i>)
Known allergies (including pollen, foods, medications etc.)
Reactions to those allergies
Has your allergic reaction ever required emergency care? <input type="checkbox"/> No <input type="checkbox"/> Yes (<i>please explain</i>)
Do you have any recurrent health problems (chest pains, kidney problems, other?) <input type="checkbox"/> No <input type="checkbox"/> Yes (<i>please explain</i>)
Are you presently taking any medications? <input type="checkbox"/> No <input type="checkbox"/> Yes (<i>explain type & purpose of medication</i>)

<i>How has your perspective changed for approaching this upcoming mission trip versus your previous one?</i>

<i>What do you hope to “give” of yourself on this trip? What do you hope to “get out” of this trip for yourself (i.e., your purpose in going)?</i>

**MEDICAL CONSENT FOR PARTICIPANTS
IN MISSIONS TRIPS or PROJECTS**
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

Name of participant

Date _____

Participant signature (or signature of parent or guardian if participant is less than 21)

Relationship to participant

Self

Other _____

STATEMENT OF INSURANCE COVERAGE

I understand that Christ 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. Should emergency transportation back home be necessary, I will be responsible for any travel expenses. My medical insurance information is below.

Insurance company name		
Company address		
City	State	Zip
Policy and/or group plan number		
Identification number of the insured		
The participant is	<input type="checkbox"/> the insured	<input type="checkbox"/> a covered dependent of the insured
If a covered dependent, name of the insured		

RELEASE OF LIABILITY
For all minors and adults

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 the missions project of Christ Baptist Church. With such knowledge, I voluntarily release Christ Baptist Church, its representatives and employees from any and all liability related to the activities of this project.

Date _____

Participant signature (or signature of parent or guardian if participant is less than 21)