



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

APPLICATION FOR SHORT-TERM MISSION TRIP

Date Form Completed ____/____/____

PLEASE PRINT CLEARLY & COMPLETE FORM IN ITS ENTIRETY.

Please Provide any Trip Deposit with this Application payable to Christ Baptist

TRIP DESTINATION: _____
DATES OF TRIP: _____
 Contact (s): _____

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 ()
Any medical restrictions or disabilities for which we need to make special provision?	
<input type="checkbox"/> No	
<input type="checkbox"/> Yes (please explain)	

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>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>)

Are you a member of Christ Baptist Church?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Year joined
In what ministries of CBC are you involved?			

If you are not a member of Christ Baptist, please complete the following section:

Name of church where you are a member		
Church address	City/State	Zip
Phone # of church	Pastor's name	
In what ministries of your church or community are you involved?		
Describe your relationship with Christ Baptist Church. <input type="checkbox"/> Regularly attend <input type="checkbox"/> Former member (<i>when?</i> _____)		
<input type="checkbox"/> Referred to CBC by	<input type="checkbox"/> Additional information	

Other than English, what languages do you speak?
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At what level of proficiency would you classify yourself in these other languages?

- High—this is my native language, OR I have studied/spoken extensively
- Medium—can communicate pretty well in conversation
- Low—can understand and speak a few words
- Other(*explain*)

Which of the skills below do you have? List other skills that may be utilized on a short-term mission trip (drama, juggling, etc.).

Personal/Ministry	Construction	Medical	Business	Computer
<input type="checkbox"/> Bible study leader	<input type="checkbox"/> Carpentry	<input type="checkbox"/> Doctor	<input type="checkbox"/> Accounting	<input type="checkbox"/> Programming
<input type="checkbox"/> Evangelism	<input type="checkbox"/> Masonry	<input type="checkbox"/> Nurse	<input type="checkbox"/> Management	<input type="checkbox"/> Data Entry
<input type="checkbox"/> Singing	<input type="checkbox"/> Plumbing	<input type="checkbox"/> Dentist	<input type="checkbox"/> Marketing	<input type="checkbox"/> Word Processing
<input type="checkbox"/> Musical instrument (<i>specify</i>)	<input type="checkbox"/> Electrical	<input type="checkbox"/> Nutrition	<input type="checkbox"/> Training	<input type="checkbox"/> Repair
	<input type="checkbox"/> Painting	<input type="checkbox"/> Pharmacist	<input type="checkbox"/> Other	<input type="checkbox"/> Other
	<input type="checkbox"/> Other	<input type="checkbox"/> Other		
Other ministry/personal skills not listed above?				

Please list below three references we may contact. Each person should have known you at least two years, and have knowledge of your ministry abilities as well as your strengths and weaknesses. Only one of these may be a family member, and at least one should be a church pastor, department or ministry director in which you serve.

Name		Known since	
In what capacity does this person know you?			
Daytime phone		Evening phone	
Address		City/State	Zip
Name		Known since	
In what capacity does this person know you?			
Daytime phone		Evening phone	
Address		City/State	Zip
Name		Known since	
In what capacity does this person know you?			
Daytime phone		Evening phone	
Address		City/State	Zip

Write a brief description of your relationship with Christ. Please include your personal testimony on page 6 of this application.

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

What other short-term teams have you previously been a part of?
Give dates, organization, purpose, etc.

What other overseas travel experience do you have?

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

If you are to participate in this ministry project, are there any medical (including physical, psychological or emotional) concerns of which Christ Baptist Church needs to be made aware? Please explain.

How would you handle the situation if you totally disagreed with a decision made by your team leader?

**LEGAL AGREEMENT FOR PARTICIPANTS
IN MISSIONS TRIPS or PROJECTS**

To Christ Baptist Church:

I, _____, hereby acknowledge that I have
(print full legal name)

accepted the invitation of Christ Baptist Church to participate at one of its ministry sites. In consideration of the above, I agree:

1. To follow the directions of the field and team leaders of Christ Baptist Church while on the ministry trip.
2. That I will pay from my own personal resources all personal, incidental expenses which I incur on this trip.
3. In the event of my death, injury, illness or other mishap, that neither I, nor anyone else on my behalf, shall assert any claim or make any demand against Christ Baptist Church or any of its members.

If a claim is made against Christ 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 Christ Baptist Church, 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 of the above participant, I give permission for

_____ to travel to

_____ and participate in the

Christ Baptist Church ministry there during the period of

(date) _____ to (date) _____

Signature of parent or guardian _____ Date _____

**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)