

APPLICATION FOR SHORT TERM MISSIONS

FIRST BAPTIST CHURCH, BRUNSWICK ■ 1311 UNION STREET ■ BRUNSWICK, GEORGIA 31520
912-265-4150 ■ FBCBRUNSWICK.COM

PERSONAL INFORMATION

Full Name: _____ Date: _____

Present Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ (H) _____ (W) _____ (C)

Email Address: _____

Date of Birth: _____ Social Security Number: _____

Citizenship: _____ Country of Birth: _____

Passport Number: _____ Expiration Date: _____ / _____

City and State Where Issued: _____

Name as It Appears on Passport: _____

Beneficiary (For Insurance Purposes): _____

Gender: ___ Male ___ Female

Marital Status: ___ Single ___ Married ___ Separated ___ Divorced ___ Engaged
 ___ Widowed

Spouse's Name: _____

Names & Ages of Children:

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EMERGENCY CONTACT

Name: _____ Relationship to You: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ (H) _____ (W) _____ (C)

HEALTH INFORMATION

Do you have any medical restrictions or disabilities that require special provisions?

If yes, please explain:

Allergies to medications, food, pollen, etc.

Has your reaction ever required emergency care?

Please list any major illnesses or surgeries that you have had within the past 5 years:

Are you under the care of a physician or healthcare provider for a chronic medical condition (such as a heart or lung problem, diabetes, high blood pressure, etc.)

Please list any prescription medications you are taking:

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ADDITIONAL INFORMATION

In an effort to serve the First Baptist Brunswick community as well as the world faithfully, we must take into account the following information:

1. Do you have a criminal record of any kind? If yes, please explain:

2. Do you have, or had you any problems with alcohol/drugs/substance abuse that could affect your participating on a mission trip?

3. Have you been involved in the occult or anything similar that could still be a burden in your walk with the Lord? _____

MISSION PROJECT INFORMATION

Name of Mission Project:

ADDITIONAL INFORMATION

NAME OF TEAM LEADER:

Date of Project: _____

Do you have previous short term mission trip experience? ____Yes ____No

If yes, please list previous mission field experience:

<u>Country</u>	<u>Mission Organization</u>	<u>Dates</u>	<u>Ministry Objectives</u>
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do you have any language training, special skills, talents, etc. that will be helpful on the mission field? If so, please briefly describe.

CHURCH INVOLVEMENT

CHURCH MEMBERSHIP: ____ First Baptist, Brunswick ____ (Other) _____

How long have you been a member? _____

Do you attend worship regularly? ____ Every Week ____ Twice a Month ____ Every 6 Months
____ Once a Year

Are you an active member of a Bible Study Fellowship class/Small Group? ____ Yes ____ No

List any ministries and/or leadership roles that you have been involved:

What are your spiritual gifts?

Have you had training in personal evangelism? If yes, please list:

WAIVER

**FIRST BAPTIST CHURCH, BRUNSWICK ■ 1311 UNION STREET ■ BRUNSWICK, GEORGIA 31520
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HOLD HARMLESS, WAIVER OF LIABILITY, AND EMERGENCY MEDICAL CARE AUTHORIZATION

First Baptist Church of Brunswick, Inc. (hereinafter "FBC") is offering the opportunity for a missions trip to _____ on _____, 20__ (hereinafter referred to as the "Trip"). I, _____, of Brunswick, Georgia, inconsideration of the opportunity to participate in the Trip, and in consideration of other obligations incurred, hereby agree as follows:

1. I fully understand that I may be traveling or staying in areas of the world which may have unstable political, economic, and security situations where acts of war, potential danger from lack control over local population, terrorism, or violence could occur at any time.
2. I fully understand that I may encounter difficult climates and living conditions; that risks are present concerning means of travel, food, water, diseases, pests, and poor sanitation and other health related situations. Medical or emergency medical treatment may be inadequate or not available.
3. I accept and assume all responsibility for my personal actions and any and all risks of property damage or personal injury which occur during or as a result from my participation, including potential injury while working.
4. With the above in mind, I fully understand and agree that FBC and all of its entities, their staff members, successors, assigns, officers, agents, representatives, ministry divisions, mission trip leaders, volunteers, entities and other participants shall not be responsible or liable in any way for any accident, loss, death, injury or damage to myself or my property, in connection with the Trip or any portion of the Trip even if said injury or action is due to the alleged negligence of FBC or such other participants. Further, I do hereby agree to indemnify and unconditionally hold FBC and such other participants harmless against and from any and all liabilities, damages, claims, suits, judgments and associated costs and expenses (including, without limitation, reasonable attorneys' fees) of whatsoever kind in connection with the Trip or any portion of the Trip. Further, I make this agreement on behalf of my heirs, agents, fiduciaries, successors and assigns. I waive, knowingly and voluntarily, each and every claim or right of action I have now or may have in the future against the Church knowingly and voluntarily, each and every claim or right of action I have now or may have in the future against the Church or such other participants related to the Trip, even if any such claim or right of action is caused by FBC's alleged negligence.
5. I hereby state that I am in good health and have all medications necessary to treat any allergic or chronic conditions, and I am able to administer such medications without assistance. If at any time during the Trip I need emergency medical care and am not able to give consent because of my physical or mental condition, I authorize emergency medical care decisions to be made on my behalf, and I specifically release FBC, in making those emergency medical care decisions, from any and all liability associated with said decisions, even if injury or death is the result of FBC's alleged negligence.
6. I have carefully read the foregoing and I understand that my signature herein holds FBC, its officers, employees, mission trip leaders, volunteers or other agents or representatives of any nature, harmless for any liability for injury, damage, loss, or accident as outlined herein, and for any loss or damage related to any scheduling delays or interruptions.
7. This document does not release FBC or such other participants from gross negligence.
8. I have read carefully, agree to, and intend to be legally bound by all terms of this hold harmless, waiver of liability, and emergency medical care authorization.

SIGNATURE _____

PRINT NAME: _____

SUBSCRIBED AND SWORN TO before me on this ____ day of _____, 20__.

NOTARY PUBLIC, State of Georgia