

HAITI MISSION TRIP
November 10-17, 2018

SHORT TERM MISSIONS TRIP APPLICATION

First Baptist Church
12 Brookside Drive
Danville, PA 17821 (570) 275-1511

Please print!

GENERAL INFORMATION

Name on Passport _____ Do you have a current passport? _____

If yes, when does it expire? _____ Current passport # _____

Country of Citizenship _____ Male Female Date of Birth _____ Age _____

Marital Status _____ If married, spouse's name _____

Mailing Address _____

City _____ State _____ Zip Code _____

Home phone _____ Cell phone _____ Occupation _____

Email address _____

Work phone _____ Work hours _____ Is it okay to call you at work? _____

Church Name _____ Pastor's name _____

Church address _____

City _____ State _____ Zip code _____ Church phone _____

Current employer or school and major if a student _____

EMERGENCY CONTACT (not a team member - stateside only)

Name _____ Relationship to applicant _____

Home phone _____ Cell phone _____ Work phone _____

Address _____

City _____ State _____ Zip code _____

Email address _____

GENERAL HEALTH

Medical History: Indicate the year you have had any of the following

NONE

_____ Asthma _____ Migraine Headaches _____ Psychiatric History

_____ Cancer _____ Leukemia _____ Depression

_____ Nervous Breakdown _____ Diabetes _____ Rheumatic Fever

_____ Tuberculosis _____ Excessive Fatigue _____ Seizures

_____ Aids/HIV _____ Fainting Spells _____ High Blood Pressure

_____ Hepatitis _____ Eating Disorder

_____ Other: Please explain _____

Medication – please list all medications (name and dosage) you are currently taking **NONE**

Flight Assistance Required? Wheelchair needed Other _____

Allergies – specify any allergies to medications, foods, etc. and describe reactions **NONE**

Diet – Explain any special dietary needs **NONE**

Is there any reason you cannot tolerate any of the following? **NONE**
 Rigorous activity High Altitudes High Humidity High Temperatures Low Temperatures
 Other: Please explain _____

Temperament – Indicate which characteristics seem to apply to your temperament
 Impulsive High Strung Moody Dominant Introspective Shy Aggressive
 Easy Going **NONE**
 Other: Please explain _____

I certify I have answered the above questions fully, honestly and I have no other serious health problems.
Signature _____ Date _____

MISSION EXPERIENCE – Please include sending organization, ministry location and duration

Are you conversational in other languages than English? Yes No Languages _____

What is your highest educational level completed/degree earned/major? _____

In what ways are you involved in your local church and/or other ministries? _____

PERSONAL TESTIMONY – Please share how you came to faith in Christ and your current relationship with the Lord.

LEGAL WAIVER

I recognize that participation on a trip of this nature may be hazardous or dangerous. Therefore, I am, for myself, my heirs, executor and or administrator, releasing and forever discharging First Baptist Church of Danville, PA and all its officers, agents, servants, and employees, acting officially or otherwise, from any and all reason of injury, damage (including property damage to any of my belongings), loss or death which may occur from any cause including, but not limited to, any accident and/or occurrence while participating individually or with others while with the church and/or on this mission trip.

Furthermore, I realize all contributions to First Baptist Church are tax-deductible. Once a tax-deductible receipt is issued to the donor, the financial disbursement of these funds is at the discretion of First Baptist Church. Funds given in excess of the individual's program cost cannot be returned but will be used to further the ministries of the short term missions program of First Baptist Church.

I acknowledge that I am voluntarily entering a disaster relief zone and agree that the release of liability is signed with this knowledge. Additionally, I agree to participate in whatever debriefing First Baptist Church requires.

I agree that photos and videos taken of me while I was participating with the First Baptist Church mission trip may appear in newsletters, promotional materials and trip reports.

Signature _____ Date _____

Signature of Parent/Guardian *(if under 18)* _____ Date _____

Printed name of Parent/Guardian *(if under 18)* _____ Date _____

Medical Personnel: Documentation/license attached? Yes No

It is also mandatory that each applicant 18 years of age and older fill out a background check provided by the church.

<p>T-shirt size:</p> <p>_____S _____M _____L</p> <p>_____XL XXL_____</p>
