

Provide a **\$100.00 deposit** with this application, payable to Christ Baptist Church.



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.**

**TRIP DESTINATION:** \_\_\_\_\_

**DATES OF TRIP:** \_\_\_\_\_

• Full legal name					
• Date of birth ____/____/____			• Country of citizenship		
• SS# Number			• Passport # & Expiration Date		
• Marital status	• single	• separated	• divorced	• widowed	•
• 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?					
• Yes					
• 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>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 &amp; 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
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Other than English, what languages do you speak?
At what level of proficiency would you classify yourself in these other languages?
<input type="checkbox"/> High—this is my native language, OR I have studied/spoken extensively <input type="checkbox"/> Medium—can communicate pretty well in conversation <input type="checkbox"/> Low—can understand and speak a few words <input type="checkbox"/> Other( <i>explain</i> )

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.

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






**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)*