

Waiver

- I _____, agree to abide by all present and subsequent issued rules of the church leadership in conjunction with this short-term mission trip and in the season leading up to our departure.
- I further agree that _____ (supervising pastoral staff) has the right to discontinue my involvement on this missions project at any time at its sole discretion.
- I understand that once I agree to purchase a plane ticket for this trip, that the responsibility for the purchase of this ticket is my sole responsibility (in the event that I don't raise sufficient funds to cover the costs of the ticket) and that funds raised toward my account will be returned to the donors.

Signature: _____ Date: _____

Signature: _____ Date: _____

(Parent or Guardian if under age 18)

Please attach a photo of yourself so we can get to know you. Turn in this form to your team leader.

Liability Release Form

Deadline:
Return To:

The undersigned wishes to participate in a short-term mission trip (herein the “activity”) with _____ (*name of church*) who is arranging this trip and the undersigned agree that the activity poses risks including the following specific risks: sickness, crime, political instability, governmental opposition to missions activities and that such risks may result in long-term illness, death and the resulting financial costs, as well as similar and dissimilar risks (herein the “risks”).

For and in consideration of assisting the participant in the activity, and other good and valuable consideration the receipt and sufficiency of which is hereby acknowledged, the undersigned for himself/herself and his/her personal representatives, assigns, heirs, distributees, guardians and next of kin (herein the “releasers”), hereby irrevocably and unconditionally releases, waives, discharges and covenants not to sue and its affiliates, subsidiaries, divisions, members, directors, officers, employees and agents (herein the “releasees”), for and from all claims of any nature now or hereafter existing whether known or unknown, including but not limited to, all liability to the releasers, on account of injury to the undersigned or death to the undersigned or injury to the property of the undersigned, whether caused by the negligence of releasees or otherwise, while the undersigned is participating in the activity.

The undersigned is fully aware of the risks and other hazards inherent in the activity, and voluntarily assumes the risks and all other risks of loss, damage, or injury that may be sustained by they undersigned while participating in the activity. The undersigned also agrees that he/she bears the sole responsibility for any and all medical expenses which he/she incurs while participating in the activity, whether for injury or illness, and whether required as a result of the undersigned’s participation in the activity or not. The undersigned acknowledges releasees are under no obligation to, and do not, provide medical insurance for the undersigned.

The undersigned further agrees that he/she bears the sole responsibility for any and all travel expense which he/she incurs in the event his/her team leader or other project leadership finds it necessary to send the participant home prior to the scheduled departure date, whether for health or physical limitations or inappropriate or immoral behavior, and whether required during the undersigned’s participation in the activity or not. The undersigned acknowledges releasees are under no obligation to, and do not cover travel expenses for the undersigned.

The undersigned warrants that he or she has fully read and understands this Liability Release Form and voluntarily signs the same, and that no oral representations, statements or inducements apart from the foregoing written agreement have been made to the undersigned.

CAUTION: READ BEFORE SIGNING

(Date)

(Print Name of Participant)

(Signature of Participant)

(Date)

(Print Name of Witness/Guardian)

(Signature of Witness/Guardian)

MEDICAL QUESTIONNAIRE

Deadline:
Return To:

PLEASE READ CAREFULLY

Short Term Missions trips can be strenuous and stressful. Conditions may aggravate certain health conditions. We may request a medical release statement from your doctor. Please answer on separate paper if necessary.

1. Do you have any physical condition which may limit your ability to perform the ministry for which you have applied? (e.g. Have you experienced any knee or back problems?)

2. Do you have any existing medical condition which may require extended medical treatment or surgery in the future?

3. Have you had any surgery or major health problems in the past 2 years? If so, please explain.

4. Are you currently taking or do you regularly take any medications? If so, please explain and note prescription and non-prescription medicines.

5. Do you struggle with any addictions? Past or current (i.e.: substances, sexting, pornography)

6. Do you struggle with anxiety or depression?

7. Do you suffer from panic attacks? Past or present?

8. Are you currently under a doctor's care or have you been in the past year? If so, please explain.

9. Do you have any special dietary needs? If so, please explain.

10. Please summarize your health. Do you place any limits on yourself to avoid physical or medical problems? (Any hearing, vision, mobility limitations?)

11. It is the responsibility of each traveler to research and obtain any relevant immunizations that are recommended for the area of travel.

In case of an emergency, we may need to contact your healthcare provider and/or family members.

- | | |
|-------------------------------------------------------|----------------|
| 1. Name of healthcare provider: | Phone number: |
| 2. Insurance company: | Policy number: |
| 3. Name of family member or emergency contact person: | Phone number: |

I give First Baptist Church and its representatives permission to contact my health care provider and family members in case of medical emergency.

Signature _____

REFERENCE FORM

Deadline:
Return To:

For a Pastor, Mentor or Christian Leader who knows you well.

Please return this form to the church/team leader within seven days.

(Please use additional paper when necessary & refer to the number being answered.)

_____ has applied to take part on a cross-cultural short-term missions trip. The participant will likely confront stressful situations both because of cross-cultural transition and because of team dynamics. For this reason, your honest evaluation will help us accurately assess this applicant. Your reply will be held in strict confidence.

1. Your name and position or profession: _____

2. Address and phone: _____

3. How long have you known the applicant? _____ In what type of relationship?

4. How have you seen the applicant grow and mature spiritually?

5. Have you observed the applicant's ability to relate with people? Comment on the applicant's relational style, congeniality, cooperation, and potential for conflict...

6. How does the applicant relate with people in leadership over him or her? Is he or she teachable and willing to follow instructions?

7. Please rate the applicant from 1 to 5 in the following areas with 1 representing "does not describe the applicant" and 5 representing "describes the applicant perfectly":

- 1 2 3 4 5 flexible
- 1 2 3 4 5 self-motivated
- 1 2 3 4 5 responsible
- 1 2 3 4 5 expresses his or her thoughts well
- 1 2 3 4 5 expresses his or her feelings well
- 1 2 3 4 5 adapts easily to changing circumstances
- 1 2 3 4 5 careful
- 1 2 3 4 5 attentive to detail
- 1 2 3 4 5 easily makes friends
- 1 2 3 4 5 knows Scripture

8. What strengths or gifts will this applicant bring to the team?

9. Please give any further information about the applicant (family background, experiences...) which you would want to know if you were leading him or her on a short-term project. (use a separate sheet)

Signature _____ Date _____

Thank you for your time & assistance! If you have any questions, please contact the church team leader.