



TEMPLE BAPTIST CHURCH

Mission Trip Application

Mission Trip: _____ **Date of Mission Trip:** _____

Personal Information:

NAME AS APPEARS ON DRIVER'S LICENSE OR PASSPORT (IF GOING ON INTERNATIONAL TRIP) _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

DATE OF BIRTH _____ PASSPORT NUMBER _____ COUNTRY OF ISSUE _____ DATE OF EXPIRATION _____

SOCIAL SECURITY NUMBER _____ HOME PHONE _____ DAYTIME PHONE _____ EMAIL _____

NAME OF CHURCH WHERE YOU ARE A MEMBER (IF OTHER THAN TEMPLE) _____ PASTOR'S NAME _____ PHONE NUMBER OF CHURCH _____

CITY & STATE OF CHURCH _____

Medical Information:

MEDICARE# _____

MEDICARE PART D INSURANCE CARRIER _____

BIN _____ ID# _____

GROUP# _____ PROCESSOR# _____

MEDICAID# _____

MISSISSIPPI MEDICAID# _____

OTHER INSURANCE COMPANY _____

GROUP# _____ POLICY# _____

MEDICAL HISTORY _____

ALLERGIES _____

MEDICATIONS NOW TAKING _____

Your Family Doctor: Name & Phone _____

I hereby authorize release of this information to any physician, hospital, or clinic or pharmacy as needed for my medical care.

SIGNATURE _____ **DATE** _____

(CONTINUED ON BACK)

EMERGENCY CONTACT PERSON

LAST NAME	FIRST NAME	MIDDLE NAME	RELATIONSHIP	
STREET ADDRESS				
CITY	STATE	ZIP	HOME PHONE	DAYTIME PHONE

RELEASE OF LIABILITY

I understand that Temple Baptist Church requires that medical and disability insurance coverage must be effective during the entire period of my volunteer service. Also, full payment must be made to the missions office prior to departure. If I accept a term of volunteer service I wish to make clear my understanding that Temple Baptist Church does not assume any responsibility for loss of property, damage to the same, personal harm or illness, loss of work time due to unforeseen travel events; and I, for myself, my heirs, executors, administrator, distributes and assigns, in consideration of my admission to volunteer service and other good and valuable considerations, do hereby absolve Temple Baptist Church and hold them harmless from any claim or demand which I or they might conceivably assert upon the basis of the forgoing.

I covenant to make spiritual and physical preparation for this assignment, to read carefully the orientation material and to seek the heart of a servant as I serve our Lord, domestically or abroad. My conduct, in word and deed, will honor the Lord Jesus Christ. I will employ my skills, talents, and spiritual gifts in the building of the Kingdom of God in the place where I serve.

Signature: _____ **Date:** _____

Permission For Minors

This section must be completed and notarized for each person under 18 years of age. Keep the original with the team when traveling. Also, must be completed and signed by both parents/guardians, even if one parent or guardian is accompanying the minor.

We, _____, do hereby
(please print)

Grant our permission for _____, to participate
(please print)

With Temple Baptist Church in a short term mission project to _____

(Parent/Guardian) _____

(Parent/Guardian) _____

(Both Parents/Guardians must sign)

Attested before me as a Notary Public this ____ day of _____, 20 ____.

Signed _____

My commission expires _____.

Temple Baptist Church Personal Testimony Information Sheet

In the space provided, please briefly share your faith story, describing how you came to faith in Jesus Christ.

2. In the space provided, please share briefly why you want to go on this mission trip.