



Application for Short-term Missions
Bay Leaf Baptist Church

12200 Bayleaf Church Road • Raleigh, NC 27614 • 919.847.4477 • 919.847.8289 (fax)

PLEASE NOTE: APPLICATIONS ONLY ACCEPTED WITH \$150 TRIP DEPOSIT ATTACHED

Your deposit is non-refundable and will be applied to your total trip cost.

Mission Trip Destination: _____

PERSONAL INFORMATION

Male Female

Name as it appears on passport: _____

Date of Birth: _____ Country of Citizenship: _____ Country of Birth: _____

Do you have a passport? Yes No If Yes, Passport Number: _____

(Must include a copy of your passport)

If NO, Date Passport applied for: _____

Date of Issue: _____ Date of Expiration: _____

Beneficiary to be listed on insurance and relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Numbers (H) _____ (W) _____ (C) _____

E-Mail Address: _____

Parent's E-Mail Address if applicant is under 18: _____

Adult Marital Status *(please check one)* (if applicant is under 18 please skip this section)

- Single Married Separated Divorced
 Engaged Widowed Annulled Divorced & Remarried

Spouse's Name: _____

Is your spouse supportive of you applying for this trip? Yes No If No, please explain: _____

Names and ages of children: _____

In case of an emergency, please notify: _____

Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Numbers (H) _____ (W) _____ (C) _____

HEALTH

My health is: Excellent Good Fair Poor

Please state any major illness(es) you have had in the last 5 years.

Are you currently under the care of a physician? Yes No

If yes, explain:

Are you currently taking any medication? Yes No

If yes, what?

Please list any allergies you have:

Do you have any special health needs? Yes No

If yes, please explain:

CHURCH INVOLVEMENT

How long have you been attending Bay Leaf Baptist Church? _____ Are you a member? Yes No

If you do not attend Bay Leaf, where do you attend? _____

Please list the ministries with which you have been involved at Bay Leaf. (Please include time of involvement and any leadership positions held.) _____

Please list any ministries with which you have been involved outside of BLBC. (Please include time of involvement and any leadership positions held.) _____

TESTIMONY

Please attach a separate sheet with your personal testimony. Please include how long you have been a believer.

MOTIVATION

Please explain briefly what you hope to see the Lord do in and through you on this mission project and explain why you want to participate: _____

REFERENCES

Please provide two references. One reference should be a Bay Leaf Baptist Church minister or teacher in the area you serve or have served.

Name: _____
Address: _____ City _____ State _____
Zip Code _____ Telephone Numbers: (H) _____ (W) _____
E-Mail address: _____
Relationship: _____

Name: _____
Address: _____ City _____ State _____
Zip Code _____ Telephone Numbers: (H) _____ (W) _____
E-Mail address: _____
Relationship: _____

GIFTS/EXPERIENCE

Do you speak any foreign languages? Yes No

If yes, please list them and indicate your level of proficiency. _____

Please indicate any skills, talents, spiritual gifts or Christian ministry experience that you feel may be helpful on the field. _____

Please list previous missions experience:

Country	Mission Organization	Dates	Ministry
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

COMMITMENT

Bay Leaf Baptist Church Short-Term Mission Trip

I make a commitment to:

- faithfully go through the training process prior to departure and after I return from the trip
- raise the necessary prayer and financial support,
- submit to the trip leader's and the host on-the-field's authority,
- conduct myself in a manner worthy of the Lord while serving Him on the project, and
- refrain from any behavior which may compromise my witness

Additionally, if at any time while on the project my behavior constitutes a problem, the team leader has the authority to ask me to return home. Any additional cost incurred as a result of this action will be at my cost.

Should any illness or medical emergency be required, I agree to pay all medical expenses in excess of the amount provided by any applicable insurance policy. _____(please initial here)

I understand and agree that Bay Leaf Baptist Church its staff or other representatives assume no responsibility for the loss of property, damage to the same, personal harm, illness, or loss of life, that may occur during the execution of this volunteer mission project; and I, for myself, my heirs, executor, administrators, distributes, and assigns, in consideration of my admission to volunteer service and other good and valuable considerations, do hereby absolve said Bay Leaf Baptist Church, and hold them harmless from any claim or demand which I or they might conceivably assert upon the basis of the foregoing. I understand that I will be under the policies of Bay Leaf Baptist Church and my field supervisor. I agree to abstain from the use of tobacco products, alcoholic beverages, illegal drugs, and any other behavior that would hinder Christian ministry. I understand that the breach of this contract will be cause for dismissal from the volunteer project and return home at my own expense.

Participant Signature: _____ Date: _____

FOR PARTICIPATING MINORS ONLY:

Date: _____

Parent's Name: _____ Signature: _____

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

BAY LEAF | Baptist Church

Contact Information/Medical Permission & Release Form

I fully realize that any activity involves a risk of personal injury, property damage, or loss of my person or property. I hereby for myself, my heirs, executors, and administrators, waive and release any claims or rights against Bay Leaf Baptist Church, all of its officers, directors, and coordinators, all owners of equipment which may be used and those who volunteered their equipment, vehicles, and services for any church activity, for any and all injury, damage, or loss to my person or property incurred during a church sponsored activity.

If Bay Leaf Baptist Church staff members, chaperones, or any other Bay Leaf leaders cannot reach my emergency contact, then I authorize Bay Leaf Baptist Church to secure any medical treatment necessary for me by any licensed physician or dentist, including the admission for such emergency care to any hospital reasonably accessible. This authorization does not include major surgery unless two licensed physicians or dentists concur that immediate surgery is necessary. I give my permission to the doctor or other health-care professional to provide the medical services he or she may deem necessary. I will accept responsibility for medical expenses so incurred.

Date: _____

Name: _____

Date of Birth: _____ Age: _____

Address: _____

(Please include your zip code)

Parent's Telephone Numbers: Home: _____ Work: _____ Cell: _____

Insurance Carrier: _____

Policy Number: _____

Contact in case of Emergency: _____

Contact's Telephone Number: _____

Secondary Contact in case of Emergency: _____

Secondary Contact's Telephone Number: _____

Any Medical Problems? Yes _____ No _____

If yes, describe: _____

Medications Currently Prescribed? Yes _____ No _____

If yes, describe: _____

Signature

Date