**Short-Term & Mid-Term Missions Application**

PO Box 1340 Clinton, AR 72031, (501) 745-6113

Name of Mission Trip: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PERSONAL INFORMATION**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (**Exactly** **as it appears on your driver’s license for U.S. trips, or U.S. Passport for international trips**.)

Passport Number for international trip or driver’s license for all others:

( ) Male ( ) Female Date of Birth: Age:

Marital Status: ( ) Single ( ) Married ( ) Separated ( ) Divorced

Present Address:

City: State: Zip Code

Cell: ( ) Email:

Spouse’s Name:

Cell Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MEDICAL INFORMATION**

In case of emergency, please notify:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_ Zip Code\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number: Cell ( ) Work ( )

Email:

How would you describe your health?

 ( ) Excellent ( ) Good ( ) Average ( ) Poor

Do you have any physical issues that prevent you from doing physical work or participating in times of extending walking on the mission field? Ex: back or knee problems, tire easily. ( ) Yes ( ) No

Please list any prescription medications you are taking:

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Please list current inoculations/vaccines and dates: (International Trips)

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Health Insurance Provider\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ID# Group #

Name of Policy Holder: Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**REFERENCE**

List one church member, not related to you, that you have known for at least one year:

Name Phone

Relationship Years Acquainted

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CHURCH INVOLVEMENT**

Church Membership: ( ) Clinton FBC

 ( ) Other (name of church) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Are you presently attending CFBC? ( ) Yes ( ) No

Are you active in a Life Group? ( ) Yes ( ) No

 If yes, which Life Group?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list the ministries with which you have been involved in at CFBC.

**For you to be prepared and equipped for this mission trip, we require all team members to complete our Go 101 Equipping Class.**

Have you already completed this class? ( ) YES ( ) NO

 If no, will you be able to complete one before you leave for this trip? ( ) YES ( ) NO

**TESTIMONY**

 Please explain what it means to place one’s faith in Christ:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Please write your own faith story including when you were baptized:

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How are you growing in your relationship with Christ? (Bible study, prayer, worship, serving…):

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**CALL TO GO**

Give a brief explanation of how you feel God is calling you to go on this mission trip?

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**STATEMENT ON SANCTIFICATION**

(This is only viewed by church staff)

God has asked His children to be holy as He is holy. This is very important when we represent our Lord Jesus Christ in Ministry: Please answer the following questions truthfully:

* Excluding minor traffic violations, have you ever been convicted of any violations of any law or ordinance? ( ) Yes ( ) No
* Are there any sin issues in your life that would spiritually hinder you from fully participating in the work of the Gospel, or representing Christ and CFBC well? Ex: pre-marital or extra-marital relationships, pornography, drugs or alcohol…

 ( ) Yes ( ) No

**Note:**

1.Once you commit, via email or writing, to the church or your team leader to participate on this Mission Trip, you are agreeing to reimburse the church any expenses incurred in the planning process, even if you cannot go or back out.

2. Please be aware that CFBC requires all adult team members to have a background check on file at the church that is no more than 2 years old. If we do not have one on file or it is older than 2 years, contact **j.pico@clintonfbc.org** to have your background check completed.

**I affirm that the above statements are true**

 Signature – Print name if submitting by email

**Clinton FBC - Missions**

**dba: Clinton First Baptist Church**

INDEMNIFYING RELEASE, COVENANT NOT TO SUE, PERMISSION TO

PHOTOGRAPH/USE PHOTOGRAPHS, FILM/USE MOTION FILMS AND CONSENT FOR TREATMENT

1. RELEASE, COVENANT AND INDEMNITY: In consideration for me or any child of mine under 18 years of age being allowed to participate in Missions activities as designated by Clinton First Baptist Church and/or their Ministry Partners (collectively “CFBC”), I, for myself, and for any child of mine under 18 years of age, namely;

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_c.

(Name of each participant)

do hereby release, forever discharge, covenant not to sue, and agree to indemnify and hold harmless CFBC, as well as any Ministry Partners, team leaders, and volunteers participating in Missions activities at, or in partnership with, CFBC, including, but not limited to, Nathan A. Brown, and any agents or employees of CFBC (Collectively “Released Parties”), from any and all loss, liability, damage, claims, expense, known and unknown, for any personal injury or death to me or any child of mine under 18 years of age, now or at any time in the future, caused, in whole or in part, directly or indirectly, by any of the Released Parties in the course of such Missions activities or otherwise occurring while participating in or arising out of such activities.

2. ASSUMPTION OF RISK: I recognize that participation in Missions activities, both nationally or globally, is dangerous and may result in physical injury or death to the participant, and I, on my own behalf and on behalf of any child of mine under 18 years of age, hereby assume the risk of such physical injury or death.

3. PERMISSION TO PHOTOGRAPH/USE PHOTOGRAPHS/FILM/USE MOTION FILMS: I consent and authorize the Released Parties to photograph or film me, and any child of mine under 18 years of age, while participating in Missions activities, and I consent to the publication and use of such photographs or films by the Released Parties on the church website, Social Media, or other sites or locations at the discretion of the Released Parties.

4. CONSENT TO MEDICAL TREATMENT: Full consent is hereby granted to the Released Parties to obtain any emergency medical care for me or my child. In the event of an emergency, I authorize medical treatment to be obtained for me or any child of mine under 18 years of age, at my expense. I accept responsibility for providing medical insurance coverage for myself and my child(s) and waive the responsibility of the “Released Parties” above, to provide such. Treatment may include first aid or any necessary medical or hospital care deemed appropriate by the released parties or attending physicians. I understand all provisions of this indemnifying release and covenant not to sue apply to Released Parties obtaining necessary medical treatment for me or my child to the same extent as with regard to Missions activities.

I have read this document, and I understand its content.

Adult Participant OR Parent or Guardian of Minor Participant(s)

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_