

# Temple Baptist Church Mission Application



*Gather, Grow, Go*

**Acts 1:8**

“...but you shall receive power when the Holy Spirit has come upon you; and you shall be My witnesses both in Jerusalem, and in all Judea and Samaria, and even to the remotest part of the earth.”

## Mission Trip Application

MISSION TRIP: \_\_\_\_\_ TRIP DATES: \_\_\_\_\_

### PERSONAL INFORMATION

NAME AS APPEARS ON DRIVER'S LICENSE OR PASSPORT

STREET ADDRESS

CITY STATE ZIP

DATE OF BIRTH PHONE

EMAIL

PREFERRED COMMUNICATION

SS#

PASSPORT NUMBER

COUNTRY OF ISSUE

DATE OF EXPIRATION

NAME OF CHURCH WHERE YOU ARE A MEMBER

PASTOR'S NAME

CHURCH PHONE

HAVE YOU PARTICIPATED IN A MISSION TRIP? IF SO, WHEN AND WHERE?

HOW DO YOU PLAN TO PAY FOR YOUR TRIP? SELF-FUND \_\_\_ RAISE SUPPORT \_\_\_

YOUR TESTIMONY DESCRIBING HOW YOU CAME TO FAITH IN JESUS CHRIST (Attach separate sheet if necessary):

PLEASE BRIEFLY SHARE WHY YOU FEEL LED TO GO ON THIS MISSION TRIP: WHAT SPECIFIC GIFTS OR TALENTS DO YOU FEEL YOU HAVE TO OFFER ON THIS MISSION TRIP?

**Medical Information Form**

**PERSONAL INFORMATION**

\_\_\_\_\_  
FULL NAME DATE OF BIRTH

\_\_\_\_\_  
FULL ADDRESS (STREET/CITY/STATE/ZIP)

\_\_\_\_\_  
HOME PHONE WORK PHONE

**BENEFICIARY INFORMATION**

\_\_\_\_\_  
FULL NAME DATE OF BIRTH

\_\_\_\_\_  
FULL ADDRESS (STREET/CITY/STATE/ZIP)

\_\_\_\_\_  
HOME PHONE WORK PHONE

**EMERGENCY CONTACT INFORMATION**

\_\_\_\_\_  
FULL NAME DATE OF BIRTH

\_\_\_\_\_  
FULL ADDRESS

\_\_\_\_\_  
HOME PHONE WORK PHONE

**MEDICAL INSURANCE**

INSURANCE PROVIDER: \_\_\_\_\_

MEMBER NAME: \_\_\_\_\_

MEMBER NUMBER: \_\_\_\_\_

DOCTOR'S NAME & PHONE:  
\_\_\_\_\_

MEDICAL HISTORY:  
\_\_\_\_\_  
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**Medical Information Form (continued)**

CURRENT MEDICATIONS:

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ALLERGIES:

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HAVE YOU HAD ANY SIGNIFICANT HEALTH (PHYSICAL/EMOTIONAL) COMPLICATION IN THE LAST 5 YEARS? PLEASE EXPLAIN:

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DO YOU BELIEVE YOU ARE HEALTHY AND CAN MEET THE PHYSICAL AND EMOTIONAL DEMANDS OF AN INTERNATIONAL MISSION TRIP? YES \_\_\_ NO \_\_\_

LIST ANY SPECIAL INSTRUCTIONS, SHOULD YOU REQUIRE MEDICAL ATTENTION (ALLERGIES, DIABETES, ETC.):

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Signature

Date

## Release of Liability Form

I, the undersigned, will be participating in a short-term mission trip to \_\_\_\_\_ (hereafter the "mission trip") on or about \_\_\_\_\_, 20\_\_\_\_ to \_\_\_\_\_, 20\_\_\_\_. I recognize that there are risks involved in participating in the mission trip and hereby assume all risk of injury, harm, damage, or death in connection with my participation in it. I understand and agree that neither Temple Baptist Church nor its trustees, officers, directors, employees, agents or representatives may be held liable in any way for any injury, harm, damage, or death that may occur to me as a result of my participation in this mission trip and hereby release Temple Baptist Church, its trustees, officers, directors, employees, agents or representatives from responsibility for any injury, harm, damage or death, which may occur while I am participating in the mission trip. To the fullest extent permitted by law, I agree to save and hold harmless Temple Baptist Church, its trustees, officers, directors, employees, agents or representatives from any claim by myself, my estate, heirs, successors, assigns or other persons arising out of my participation in the mission trip. I authorize Temple Baptist Church through its trustees, officers, directors, employees, agents or representatives to render or obtain such emergency medical care or treatment for me as may be necessary should any injury, harm or accident occur to me while participating in the mission trip. I also understand and acknowledge that Temple Baptist Church does not provide health or medical insurance in connection with the mission trip and I agree that I will be financially responsible for any bills incurred as a result of medical treatment, including emergency medical treatment and/or transportation to a medical facility, in connection with my participation in the mission trip.

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Witness: \_\_\_\_\_

**Please return forms to the Temple Baptist Church office or mail to:**

Temple Baptist Church  
213 West Curtis Street, Simpsonville, SC 29681