



## PARTICIPATION APPLICATION for Short-Term Missions

\_\_\_\_\_  
 Country/Place of mission project      Partnering organization (if applicable)      \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ - \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Dates of project (from mm/dd/yyyy - to mm/dd/yyyy)

\_\_\_\_\_  
 First Name      Middle Name      Last Name  
 \_\_\_\_\_  
 Passport #      Passport expiration date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 (mm/dd/yyyy)      Country of citizenship

**\*\*Please include a copy of your passport with the submission of this application**

\_\_\_\_\_  
 Mailing Address      City      ST      Postal code  
 \_\_\_\_\_  
 Email  
 \_\_\_\_\_  
 (\_\_\_\_) \_\_\_\_\_      (\_\_\_\_) \_\_\_\_\_      Gender: M / F      \_\_\_\_\_  
 Home phone      Cell phone      Marital status      Date of birth (mm/dd/yyyy)

\_\_\_\_\_  
 Occupation      Employer (if applicable)  
 \_\_\_\_\_  
 Emergency contact (Not a team member)      Relationship to applicant      (\_\_\_\_) \_\_\_\_\_      (\_\_\_\_) \_\_\_\_\_  
 Emergency contact's phone      Contact's alternate phone

List any major illness, medical problems, and/or surgeries of which your team leadership should be aware.  None

List all medications (name, dosage and treatment of) you are currently taking.  None

\_\_\_\_\_  
 Medication or generic name      Dosage      Treatment of

List any allergies or special dietary needs (including food allergies) and your reactions to them.  None

Describe your salvation experience (if you need more space, use separate sheet of paper).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What is your most recent educational level completed? \_\_\_\_\_

List any special training, trade, skill or license \_\_\_\_\_

Check all abilities that apply:

- |  |   |                                     |  |   |
|--|---|-------------------------------------|--|---|
| <input type="checkbox"/> Sound technician    | <input type="checkbox"/> VBS                        | <input type="checkbox"/> Painting   | <input type="checkbox"/> Campfire programs   | <input type="checkbox"/> Singing              |
| <input type="checkbox"/> Sketching / Drawing | <input type="checkbox"/> Day Camp                   | <input type="checkbox"/> Cooking    | <input type="checkbox"/> Group games         | <input type="checkbox"/> Songwriting          |
| <input type="checkbox"/> Writing             | <input type="checkbox"/> TESL / TEFL                | <input type="checkbox"/> Carpentry  | <input type="checkbox"/> Puppets             | <input type="checkbox"/> Clowning             |
| <input type="checkbox"/> Photography         | <input type="checkbox"/> Foreign Language(s): _____ | <input type="checkbox"/> Electrical | <input type="checkbox"/> Small group studies | <input type="checkbox"/> Drama / Mime         |
| <input type="checkbox"/> Video               | _____   | <input type="checkbox"/> Automotive | <input type="checkbox"/> Public speaking     | <input type="checkbox"/> Instrument(s): _____ |
|  |   | <input type="checkbox"/> Plumbing   |  |   |

Reference from former/current ministry. \_\_\_\_\_  
 Name Phone and/or Email

**LEGAL WAIVER**

I am aware that all positions are voluntary, without financial remuneration. I agree to abide by all guidelines for Short-Term Missions presented by Montavilla Baptist Church (MBC). I clearly understand that raising all expenses will be my responsibility. I further agree that MBC has the right to discontinue my ministry at any time at its sole discretion.

I recognize that participation on a trip of this nature may be hazardous or dangerous. Therefore, I am, for myself, my heirs, executor and/or administrator, releasing and forever discharging MBC and all its officers, agents, servants, and employees, acting officially or otherwise, from any and all reason of injury, damage (including property damage to any of my belongings), loss or death which may occur from any cause including, but not limited to, any accident and/or occurrence while participating individually or with others while on this mission trip.

- I give Montavilla Baptist Church the right to use my picture/video, voice and/or testimony in any form of publications.
- OR
- I do not give Montavilla Baptist Church the right to use my picture/video, voice and/or testimony in any form of publications.

**The information I have given is accurate and true to the best of my knowledge. My signature (and signature of my parent/legal guardian if applicant is a minor) signifies authorization.**

\_\_\_\_\_  
 Applicant's Signature Date (mm/dd/yyyy)

\_\_\_\_\_  
 Signature of Parent/Guardian Printed Name of Parent/Guardian Date (mm/dd/yyyy)

\_\_\_\_\_  
 Signature of Parent/Guardian Printed Name of Parent/Guardian Date (mm/dd/yyyy)

**Parental Waiver/Permission Form (Must be signed by parent(s)/legal guardian(s) of applicants under age 18)**

The above student has my permission as parent or guardian, to attend this function with Montavilla Baptist Church (MBC). I agree that MBC and/or its leaders are not liable for any accident or incident related to either the planned event or transportation to or from the event. Nor are they liable for any injuries sustained, or any lost, stolen or damaged articles. I authorize MBC and any adult leader to obtain the services of a physician and/or hospital for the care of my child, if necessary, including emergency medical care, emergency x-rays, and/or emergency surgery. Should the need arise, I also authorize MBC and its leaders to incur any necessary expenses for such services in the event of accident or illness, and I agree to provide payment for these expenses.

**I have read the above statement and agree with all the provisions included, and have provided all information requested. I hereby release MBC and its leaders from all liability and authorize any medical treatment deemed necessary.**

\_\_\_\_\_  
 Signature of Parent/Guardian Date (mm/dd/yyyy)