

Burnt Hickory Baptist Church

Mission Trip Application

PLEASE COMPLETE THIS APPLICATION AND RETURN TO:
BURNT HICKORY BAPTIST CHURCH.
5145 DUE WEST ROAD
POWDER SPRINGS, GA 30127
770-590-0334

Please read all instructions carefully before filling out your application. All items must be completed accurately. Please PRINT or TYPE all responses on the application form. Please carefully read, sign and date the Responsibility Release and Participant Agreement at the bottom of this page. (If you are applying for an international mission trip, please be sure to write your name as it appears on your passport and return a copy of your passport with your application. If you are applying for a domestic mission trip, please write your name as it appears on your driver's license. Please add any special comments on the last page.)

***A non-refundable deposit may be required.
Please check with the your team leader for more information.***

RESPONSIBILITY RELEASE AND PARTICIPANT AGREEMENT

By accepting a term of volunteer service, I wish to make clear my understanding that neither the International Mission Board of the Southern Baptist Convention, North American Mission Board of the Southern Baptist Convention, the Woman's Missionary Union (an auxiliary to the Southern Baptist Convention), the Georgia Baptist Convention, Burnt Hickory Baptist Church, nor the Noonday Baptist Association will assume any responsibility for loss of property, damage to the same, personal harm, or illness that may come; and I, for myself, my heirs, executors, administrators, distributees and assigns, in consideration of my admission to volunteer service and other good and valuable considerations, do hereby absolve said International Mission Board, North American Mission Board, the Woman's Missionary Union, the Georgia Baptist Convention, Burnt Hickory Baptist Church, and the Noonday Baptist Association 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 my personal medical insurance is the primary provider of coverage for any costs related to any incident requiring medical services for me while on this Mission Trip. In the case of an emergency, I give my permission to be treated medically as deemed necessary by licensed medical personnel. I have listed any allergies that need to be taken into consideration related to any treatment that may be required.

In addition, I agree to all terms and conditions included in this application form.

Signature (Parent must also sign if participant is under 18)

Date

Signature of Parent (if under 18)

Date

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Travel Information

Traveling with the group?
 Yes No
 If traveling on your own,
 please circle one.
 Driving Flying

FULL NAME _____
 ADDRESS _____

 PHONE _____
 Home # _____
 Cell # _____ Work # _____
 Email _____

PREFERRED NAME (Nickname)

BIRTHDATE / AGE
 _____ AGE _____

DATES OF TRAVEL

(Int'l Travel Only) U.S.
 Citizen?
 Yes No

SEX
 M F

PASSPORT NUMBER
 (If Applicable)

NAME AS IT APPEARS ON YOUR PASSPORT

Expiration date of passport

IN CASE OF EMERGENCY, PLEASE CONTACT:
 FULL NAME _____
 ADDRESS _____

 PHONE _____
 Home # _____
 Cell # _____ Work # _____
 Email _____

MARITAL STATUS

Single Spouse's Name _____
 Married _____
 Separated Spouse Address (if different) _____
 Divorced _____
 Widowed _____

EMPLOYMENT "Present employer name/address"

Name _____
 Address _____

 Phone _____
 Position held _____
 Retired Yes No

YOUR GENERAL HEALTH

Excellent Good Fair Poor

DO YOU ...

- Have a chronic ailment? Yes No
- Have a disability? Yes No
- Use prescription drugs on a regular basis? Yes No

OTHER INFORMATION

● Seminary or other Professional Degree? Yes No

If "yes" please list degree and school: _____

● Shirt Size: (Circle One)
 Men's S M L XL XXL XXXL
 Ladies S M L XL XXL
 Cap Size _____

- Are you willing to lead a group devotion? yes no
- Do you sing solo? yes no
- Can you cook? yes no
 Are you willing to, if needed? yes no
- Do you have medical training? yes no

If so, what kind of training do you have? _____

Please list the prescription medications below:

Please list any allergies: _____

****IT IS UNDERSTOOD THAT ALL MISSION
 TRIP PARTICIPANTS WILL REFRAIN FROM
 THE USE OF TOBACCO PRODUCTS,
 ALCOHOL AS A BEVERAGE AND
 ILLEGAL DRUGS WHILE SERVING
 ON THIS MISSION TRIP.**

CHURCH AFFILIATION

CHURCH NAME _____
ADDRESS _____
PHONE _____
PASTOR'S NAME _____
ASSOCIATION _____
HOW LONG A MEMBER? _____

EXPERIENCE

CHURCH-RELATED

	Position	How Long
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____

Are you an ordained: Minister _____
Deacon _____

SKILLS / TALENTS

Language Skills	Limited	Fluent
_____ French	_____	_____
_____ Spanish	_____	_____
_____ Sign Language	_____	_____
_____ Other		

ADDITIONAL EXPERIENCE INFORMATION

****INSURANCE INFORMATION**

DO YOU HAVE HEALTH INSURANCE COVERAGE ? (**REQUIRED)
_____ Yes _____ No**

If yes: _____
Name of Company
_____ Policy Number

**If you do not have health insurance, please contact your team leader for information about temporary insurance that may be available.

DO YOU HAVE ANY ADDITIONAL HEALTH OR TRAVEL INSURANCE COVERAGE ? _____ Yes _____ No

If yes: _____
Name of Company
_____ Policy Number

Additional Information (Please add any additional information that would be helpful to us in processing your application)

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Mission Trip Application

Acts 1:8 and Matthew 28:18-20 are Jesus' instructions to His followers that form the foundations for Christian missions. In Acts 1:8 Jesus instructs us to go. We are to go to our Jerusalem (Atlanta), our Judea (Georgia), our Samaria (the USA) and to the ends of the Earth. As we go we are to be filled with the Holy Spirit so that we can be witnesses of what Jesus has done in our own lives. In Matthew 28:18, Jesus says that our purpose in going is to make disciples or followers of Jesus, baptizing and teaching them according to God's word. Jesus promises that He will be with us through the Holy Spirit as we do these things.

To assist you in preparation, as you apply for service on this mission trip, please complete your testimony and the reason you feel you are called to participate.

Name: _____ **Date:** _____

Your Testimony of Your Commitment as a Follower of Jesus

Explain Why You Feel You are Called to Join This Team
