

Mission Participant Application

PERSONAL INFOR	<u>MATION</u>			
Name		🗆 Male 🗆 Fema	ale Date	
Address				
City		State	Zip Code	
Marital Status: □ Single	e 🗆 Married 🗆 Widowe	d		
TELEPHONE NUMBER	<u>s</u>			
Home	Work	Cell		
Email				
	TION (fill-out only if going			
Date of Birth		_ Country of Birth _		
Citizenship		_		
Passport Number		Expiration Date _		
City and State Where Issu	ued			
Name as It Appears on Pa	assport			
EMERGENCY CONTAC	<u>:T</u>			
Name Relationship to You				
Address				
		Clark	7in Code	
		State	2.p code	
		State	2,p code	

	Parent(s)/Guardian(s) Name(s):
	Have you talked with your parents about this mission project?
	Are they supportive? Yes No If no, please explain
3.	MISSION PROJECT DESCRIPTION
	Name of Mission Project
	Team Leader
	Dates of the Project Field Assignment (Country)
	Please describe the ministry you will have on the field. (What is the purpose of the trip?)
	Church Membership: Lindsay Lane Other Church How long have you been a member? Have you accepted Jesus Christ as your personal Savior and Lord? When did this happen? List the ministries you have served with in your church or outside your church, including time of involvement & any leadership positions held.
١	Have you had training in evangelism? Yes No Nould you like some refresher training in evangelism before this mission trip? Yes No Please indicate any foreign language training, special skills, talents, or Christian service experience that you feel may be helpful on the field.
	you feel may be helpful on the field.

F. MEDICAL INFORMATION (*To be completed by participant or an authorized quardian*) Is parent/guardian (in Section A above) authorized to approve medical treatment? □Yes □No Is participant covered by personal/family medical insurance? □Yes □No If yes, name the insurer: _____ Policy or group number: How would you describe your present health? □Excellent □Good □Average □Poor Please state any major illness(es) you have had in the last five years. Are you presently under the care of a physician? □Yes □No If yes, please explain _____ Please list any medication you are taking: Please list any allergies you have: Please explain any physical challenges that you may face on this mission trip.

	/	Date
Participant Name	/Signature	
PARTICIPANT OR PAREN	IT (GUARDIAN) MEDICAL	PERMISSION
PARTICIPANTS OVER 18 YE	ARS OF AGE	
I hereby authorize <i>Lindsay Lar</i> care on my behalf in the even	ne Baptist Church or its represent t of my incapability to present m der. I authorize the release of any	ratives to initiate any medically necessary yself for such care, and agree to be financial y necessary medical or insurance related
	/	Date
Print Participant Name	Participant Signature	Date
medically necessary care on my s	son/daughter's behalf in the event o	Church or its representatives to initiate any f my son/daughter's incapability to present any care provider. I authorize the release of any
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