

Temple Short-Term Mission Trip Application

Temple Church
1500 Kingdom Way
New Bern, NC 28560
Phone (252) 633-3330
Fax (252) 637-1802

Date Completed: _____

Mission Trip Destination: _____

Dates of Trip: _____

Full Legal Name: _____

Passport Number: _____ Passport Expiration: _____

Country of Citizenship: _____ Date of Birth: _____

Marital Status: Single Separated Divorced Widowed Remarried

Married – Spouse _____

Home Address: _____

City/State/Zip: _____ Email: _____

Home Phone: _____ Cell Phone: _____ Fax Number: _____

Place of Employment: _____ Work Phone: _____

Job Title: _____ May we call you at work? Yes No

(You must have medical coverage to participate in a mission trip)

Beneficiary (Name, Address, and Phone Number): _____

Do you have any medical restrictions/disabilities that we need to make provision for?

Yes No

If yes, please explain: _____

Known allergies to medications, pollen, food, etc: _____

Reactions to allergies: _____

Has your reaction ever required emergency care? Yes No

If yes, please explain: _____

Do you have any recurrent health problems (chest pains, kidney problems, etc.)?

Yes No

If yes, please explain: _____

Are you presently taking any medications? Yes No

If yes, please explain: _____

Physician's Name: _____ Phone Number: _____

Health Insurance Co: _____ Phone Number: _____

Policy Number: _____ Blood Type: _____

In the event of an emergency notify: _____ Relationship: _____

Daytime Phone Number: _____ Evening Phone Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Are you a member of Temple? Yes No If yes, year joined: _____
Please state the ministry(ies) in which you are involved (e.g., Students, Single Adults)

* * * * *

Complete the information below if you are not a member of Temple:

Church where you are a member:

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Pastor's Name: _____

Please state the ministry(ies) in which you are involved outside of Temple:

Describe your relationship with Temple (check all that apply)

- Regularly Attend
- Former Member – Dates of Membership _____
- Referred to Temple by: _____
- Additional Information: _____

* * * * *

What languages do you know other than English? _____ Proficiency? _____

Check any of the skills below that apply to you. Give further information/explanation if necessary. Please list other skills that may be utilized on a short-term mission trip (drama, juggling, etc.)

Personal Ministry Construction Medical Business Computer

- Bible Study Leader Carpentry Doctor Accounting Programming
- Evangelism Masonry Nurse Management Data Entry
- Singing Plumbing Dentists Marketing Word Processing
- Musical Instrument Electrical Nutrition Training Pharmacist
- Other _____

Please list below three (3) people that we may contact who have known you at least two years and who know your ministry abilities, as well as, your strengths and weaknesses. Only one person may be a family member, and one person should be a church pastor or department director in the ministry in which you serve.

Name: _____ Known Since: _____
Relationship: _____ Daytime Phone Number: _____
Evening Phone Number: _____ Address: _____
City: _____ State: _____ Zip: _____

Name: _____ Known Since: _____
Relationship: _____ Daytime Phone Number: _____
Evening Phone Number: _____ Address: _____
City: _____ State: _____ Zip: _____

Name: _____ Known Since: _____
Relationship: _____ Daytime Phone Number: _____
Evening Phone Number: _____ Address: _____
City: _____ State: _____ Zip: _____

Write a description of your relationship with Christ:

Why do you want to be on a short-term mission team?

What are the realistic roadblocks that might keep you from going on a missions trip?

What short-term teams have you been on before (dates, destination, organization, purpose, etc?)

What other overseas travel experience do you have?

Are there any medical (physical, psychological or emotional) concerns that Temple Baptist Church need to be aware of if you are to participate in this ministry project?

If you totally disagreed with a decision your team leader made, how would you handle it?

LEGAL AGREEMENT for Missions Ministry/Project Participants

To: Temple Church

I, _____, hereby acknowledge that I have accepted the invitation of Temple Church to participate at one of their ministry sites. In consideration of the above, I hereby agree:

1. To follow the directions of the Field Leaders of Temple Church while on the ministry trip.
2. That all personal incidental expenses which I incur on this trip will be met by me out of my own personal resources.
3. That neither I, nor anyone else on my behalf, shall in the event of my death, injury, illness, or other mishap assert any claim or make any demand against Temple Church, or any of its members. If a claim is made against Temple Church, or any of its staff members by reason of negligence or breach of duty, I hereby agree to indemnify and hold harmless Temple Church and its staff in respect of any such claim or demand.

Participant’s signature _____ Date _____

Address _____

For participating minors

As a parent or guardian, I give my permission for _____ to _____ to travel to _____ and participate in the Temple Church ministry there on (date) _____ to (date) _____.

Signature of Parent or Guardian _____

Date _____

MEDICAL CONSENT – For All Minors and Adults

In the event of a medical emergency, I hereby consent to the necessary and proper treatment, surgery, and/or anesthetic by a licensed physician or health care professional for the individual named on this form.

Signature of participant (or parent/guardian if under 21)

Name _____ Date _____

Relationship to the participant _____ or check, if self _____

STATEMENT OF INSURANCE COVERAGE

I understand that Temple Church does not provide any insurance coverage for losses, sickness or injuries that may occur to me (or my child) while participating in the short-term missions project. I am responsible for providing my own (or my child’s) insurance coverage. I understand that I will be notified as soon as possible of any emergency. I will be responsible for any travel expenses should emergency transportation back home be necessary. As for medical insurance, I have the following coverage:

Insurance Company _____

Company Address _____

Policy and/or group plan number _____

Identification number of the insured _____

The participant is _____ (the insured) or _____ (a covered dependent of the insured). If a covered dependent, name of the insured is _____

Signature of participant (or parent/guardian if under 21) _____ Date _____

Release of Liability – Minor and Adult Participant

I am aware of the potential risks to myself and my property (or my child and his/her property) as I (or he/she) participate(s) in Temple Church’s missions project. With such knowledge, I voluntarily release Temple Church, their representatives and employees from any and all liability related to the activities of this project.

Signature of participant (or parent/guardian if under 21) Date _____

Personal Testimony

Please include your personal testimony below: (Use additional page if needed)

1. Temple Church is under no obligation to incur any cost involved due to a loss of employment due to any aspect of mission work that the missionary has volunteered to be involved in.
2. Temple Church will not be responsible for any delays in transportation involving any aspects of mission work. Nor will Temple Church be responsible for any issues with an employer due to either departure and/or return dates or times.
3. I recognize that in all my actions from the time of planning to the return from a mission trip that I am an ambassador of Jesus Christ and a representative of Temple Church and that I am to conduct myself in all instances with this in mind.
4. The missionary fully understands that Temple Church is in no way responsible for any type of injury incurred while involved with any aspect of an authorized mission trip. This includes any injury that was discovered after the mission trip but was determined to have been a result of a mission trip. Any and all medical issues will need to be resolved with the individual's primary medical care official or such individual as contracted by the missionary.
5. The missionary fully understands that it may be determined in the best interest of Temple Church that an individual may be prevented from representing Temple Church during a particular mission trip. This decision may be made by Temple Church at any time and is binding. It is also understood that any monies donated to the Acts 1:8 fund are considered as donations and are at the full discretion of Temple Church and may be used as it best determines.
6. In any issue not previously specifically mentioned, it is understood that Temple Church is in no way responsible or liable for the outcome of a mission trip.

Print Name: _____ Sign: _____

Date: _____

By signing this form, you affirm that you understand and are in full agreement with the above in its entirety.

(End of Application)