

Mission Trip Application



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ENGAGE

At FBC MISSIONS, we want to help you
ENGAGE your world for Christ by providing
local, domestic and international missions
opportunities to get you going in Jesus' name!

MISSION TRIP APPLICATION CHECKLIST

- Download and save this application to your computer. We do not recommend using a tablet or phone to complete this form.
- Complete and save a separate application form for each person. Sent completed forms to Claire Roberson in the Missions Office. Her email address is claire@fbcleesburg.org.
- One page medical release affidavit **to be signed and notarized in the Mission's Office**
- Participation Agreement **to be signed in the Mission's Office**

For the following three items, you can either attach a picture when sending this form in, or bring these three items to the Mission's Office:

- Driver's License
- Health Insurance Card
- Passport information page (if traveling outside of the USA)

If you have any questions, or to schedule a time to have your forms notarized, please call the FBC Missions Office at 352-360-7973.

MISSION TRIP APPLICATION

Trip Location _____ Dates _____

Name you go by _____ Date of Birth _____

Male Female Grade/School Year _____ Occupation _____

Mailing Address _____

City, State and Zip Code _____

Cell Phone _____ Additional Phone _____

Email Address _____

For those traveling out of the country, please complete the following. If you do not have a passport, please start working on that now. This process takes 6 weeks and you must have your passport in hand before airline tickets can be purchased. Also, passports must have 2 blank pages left and expire more than 8 months from the last date of the trip.

Name as it appears or will appear on your PASSPORT:

Last

First

Middle

Passport Number _____ Place of Birth _____

Issue Date _____ Expiration Date _____

For Travel Insurance which will be purchased for you if you are traveling internationally:

Name of Beneficiary _____

Relationship _____

Is this your first mission trip? Yes No

If no, please list dates and location of other trips

Do you feel that God is leading you to go on this trip? Why or why not?

Are you actively involved in the ministries of FBC Leesburg or another likeminded church? If so, tell us about your involvement.

Please share any gifts, abilities or skills that you feel would be beneficial during this mission trip (for example, foreign language proficiency, musical ability, experience working with children):

ADULT MEDICAL RELEASE AFFADAVIT

Please complete ONLY if you will be 18 or older on the start date of your trip. See the next page if your child is participating.

Name _____

I, _____, will travel with First Baptist Church of Leesburg (FBCL) to _____ on the following dates: _____-. FBCL has my permission to make any decisions regarding medical emergencies on my behalf if I am unable to do so. I will not hold FBCL responsible for sickness or accidents which may occur while on the trip. I realize that I am responsible for providing medical insurance.

EMERGENCY CONTACT INFORMATION

Name _____ Relationship _____

Address _____

Home Phone _____ Cell Phone _____

Do you have any health problems or chronic diseases? Yes No If yes, please explain.

Do you have a history of diabetes, heart, lung or kidney problems? Yes No If yes, explain.

List any medications you take on a regular basis:

Please list any allergies to food or medicines that you might have:

Is there any other health-related information that we should have concerning your trip participation:

MEDICAL INSURANCE INFORMATION

Insurance Company _____

Group Number _____ Policy Number _____

PLEASE ATTACH A COPY OF BOTH SIDES OF YOUR INSURANCE CARD

THESE SIGNATURES SHOULD BE NOTARIZED. DO NOT SIGN UNTIL YOU ARE IN THE PRESENCE OF A NOTARY.

Participant Signature _____ Date _____

Notary Public _____ (Seal)

My Commission expires _____

County _____ State _____

CHILD MEDICAL RELEASE AFFADAVIT

Please complete if the participant will be 17 or younger on the start date of your trip.

Name of Child _____

I/we, _____, give our permission to First Baptist Church of Leesburg (FBCL) to travel to _____ on the following dates: _____ with our child. FBCL has my/our permission to make any decisions regarding medical emergencies in my/our absence. I/we will not hold FBCL responsible for sickness or accidents which may occur while on the trip. I/we realize that I am responsible for providing medical insurance.

EMERGENCY CONTACT INFORMATION

Name _____ Relationship _____

Address _____

Home Phone _____ Cell Phone _____

Does your child have any health problems or chronic diseases? Yes No If yes, please explain.

Does your child have a history of heart, lung or kidney problems? Yes No If yes, explain.

List any medications your child takes on a regular basis:

Please list any allergies that your child might have:

Is there any other health-related information that we should have concerning your child's trip participation:

MEDICAL INSURANCE INFORMATION

Insurance Company _____

Group Number _____ Policy Number _____

PLEASE INCLUDE A COPY OF BOTH SIDES OF YOUR INSURANCE CARD. Thank you for filling this application out. Please save and send as an attachment to Claire@fbcleesburg.org

THESE SIGNATURES SHOULD BE NOTARIZED. DO NOT SIGN UNTIL YOU ARE IN THE PRESENCE OF A NOTARY.

Parent's Signature _____ Date _____

Notary Public _____ (Seal)

My Commission expires _____

County _____ State _____



MISSION TRIP PARTICIPATION AGREEMENT

PLEASE READ CAREFULLY BEFORE SIGNING

By signing below, the participant (or parent/guardian if participant is a minor) acknowledges and accepts the risks of physical injury associated with participation in the mission opportunity. Except for gross negligence on the part of the sponsor, the participant (or parent /guardian) accepts personal financial responsibility for any bodily or personal injury sustained during the activity. Further, the participant (or parent/guardian) promises to hold harmless the sponsoring organization and its representatives for any injury related to the activity. If a dispute over this agreement or any claim for damages arises, the participant (or parent/guardian) agrees to resolve the matter through a mutually acceptable arbitration process.

The participant also understands that the deposit is non-refundable and he/she will be responsible for airline tickets purchased in his/her name upon cancellation. The training meetings for this mission are critical for the spiritual unity and physical preparation of the entire team. The participant understands the commitment he/she is making. If married, he/she has clearly communicated to his/her spouse the details of this opportunity and that his/her spouse is supportive of his/her participation. The participant commits to do his/her part in working with the Missions Office of FBC Leesburg to see that any trip-related medical claims are processed in a timely manner.

Date _____

Name _____

Participant (or parent or guardian) Signature

2nd Parent/Guardian Signature (if applicable)
